

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Orangeville</i> <small>Town</small>		<i>Balto</i> <small>County</small>		
		Date of death 190 <i>3</i> <small>Month</small>		<i>10</i> <small>Day</small>	<i>26</i> <small>Years</small>	<i>53</i> <small>Months</small>
		Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Md.</i>	
		Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>		
		Name of Wife or Husband <i>Charles Harbig</i>				
		Father's Name <i>Jno. Townsend.</i>		Father's Birthplace <i>—</i>		
		Mother's Maiden Name <i>Louise Borse</i>		Mother's Birthplace <i>Md.</i>		
		Name of person giving Information <i>Husband</i>		How related to deceased <i>120</i>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Bright's disease of kidneys</i>		How long <i>3 weeks</i>		
		Immediate <i>uraemic poison</i>		How long		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. Warner</i>		
				Address <i>1120 Highland ave</i>		
		Accident or Suicide? <i>—</i>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Mary Elizabeth Adams				COUNTY		MARYLAND	
Died at		Roland Park		Baltimore					
Date of death 1903		Month October		Day 11		Years 28		Months 5 Days 15	
Sex Female		Color or Race White		Birth-place Baltimore					
Married, Single or Widowed		Married		Occupation					
Name of Wife or Husband		Alvin P. Adams							
Father's Name		John R. King				Father's Birthplace Hagerstown Md			
Mother's Maiden Name		Annie M. Snyder				Mother's Birthplace Baltimore			
Name of person giving information		Alvin P. Adams				How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause		Pulmonary Tuberculosis		How long 3 years.	
Immediate Cause		Same		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address	
Accident or Suicide?		No		806 Cathedral Street	

St. H. Warren Buehler

#806 Cathedral St,

Baltimore, Md.

Place of Burial

London Park

Funeral Tuesday Oct 13th 1903 P.M

Name
in
Full

August D. Albrecht

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct.</i>	Day <i>8</i>	Age <i>5</i>	Months <i>4</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co Md.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>			
Name of Wife or Husband _____					
Father's Name <i>Stephen Albrecht</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Margaret Koerner</i>			Mother's Birthplace <i>Balto. Md.</i>		
Name of person giving information <i>John G. Albrecht</i>			How related to deceased <i>brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>one week</i>
Immediate <i>Collapse</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Schuessler M.D.</i>
	Address <i>1013 Canton St.</i>
Accident or Suicide? <i>u</i>	

Sacred Heart Cemetery

Oct. 11th 1903

Germanus Thane

Undertaker

Name
in
Full

Frederick Altvater

CERTIFICATE OF DEATH

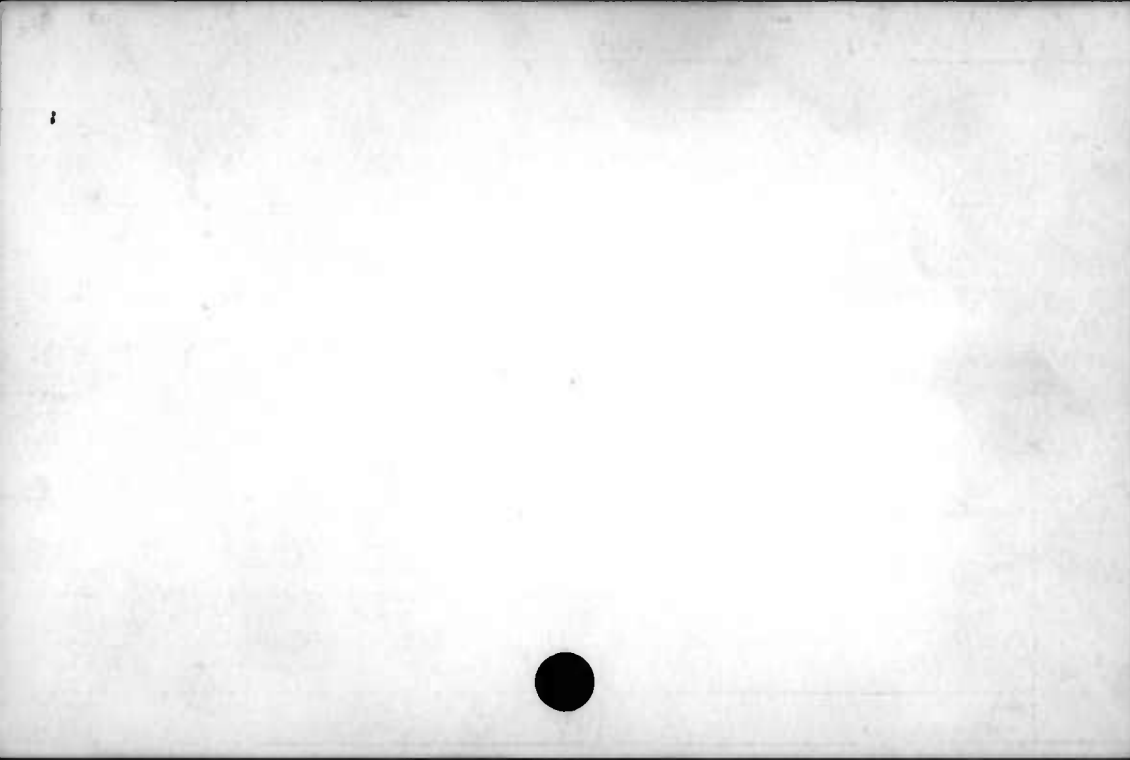
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Canton</i>		County <i>Balto.</i>		MARYLAND	
Date of death 190		3	Month <i>Oct</i>	Day <i>21</i>	Age <i>1</i>	Years <i>6</i>	Months <i>10</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balti Md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>					
Name of Wife or Husband							
Father's Name <i>Joseph Altvater</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Elizabeth Grape</i>		Mother's Birthplace <i>N. a</i>					
Name of person giving information <i>Joseph Altvater</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. S. Warner</i>
	Address <i>1120 Highland</i>
Accident or Suicide?	



Name
in
Full

Ellen Elizabeth Ayres

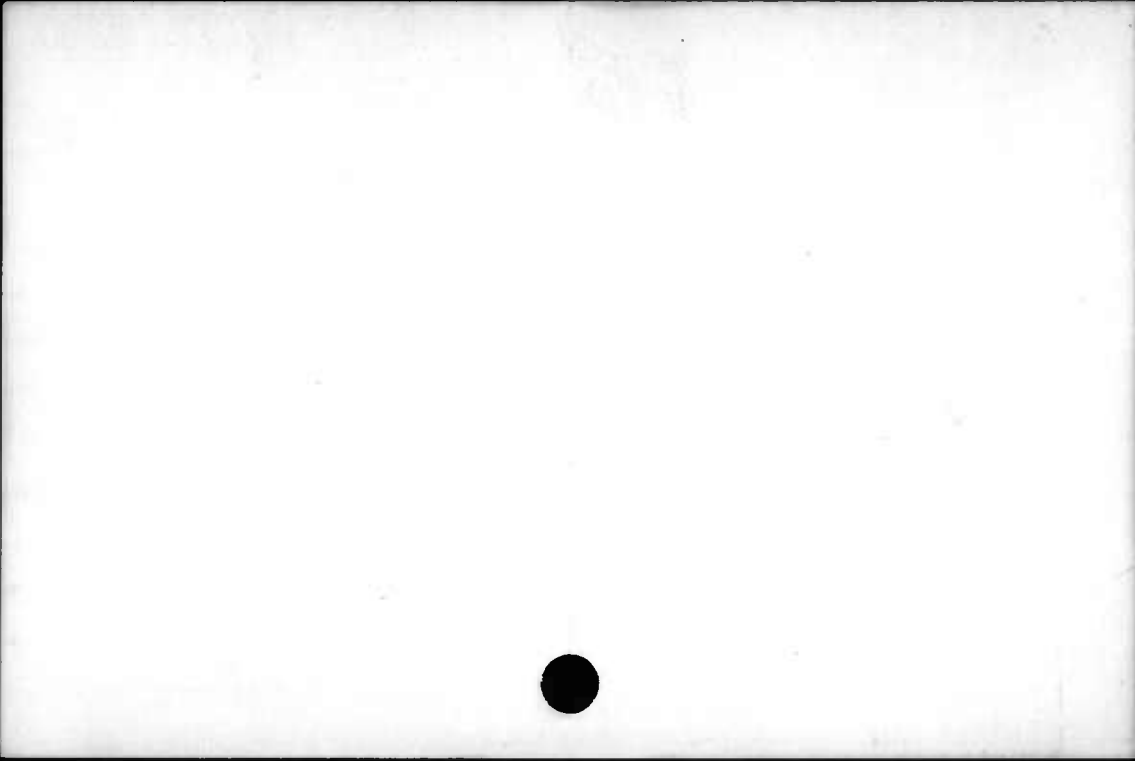
70
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glen Arm</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct</i>	Day <i>8</i>	Age <i>70</i>	Months <i>4</i>	Days <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Glen Arm Md.</i>		
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>			Name of Wife or Husband <i></i>		
Father's Name <i>Wm Ayres</i>			Father's Birthplace <i>Harford Co. Md.</i>		
Mother's Maiden Name <i>Lena McKee</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving Information <i>Wm Ayres</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric Colitis</i>	How long <i>2 months</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Mr. Allen</i>
	Address <i>Isittens</i>
	<i>Md.</i>
Accident or Suicide? <i>2</i>	



Name In Full

Certificate of Death

Sophia Babiskow

Town

County

Rossville Batto

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 16

Age

44

Md

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Wm A Babiskow

35

Cause of

Primary

Internal hemorrhage

How long sick

Death

Immediate

Following childbirth

Accident, Suicide, Homicide

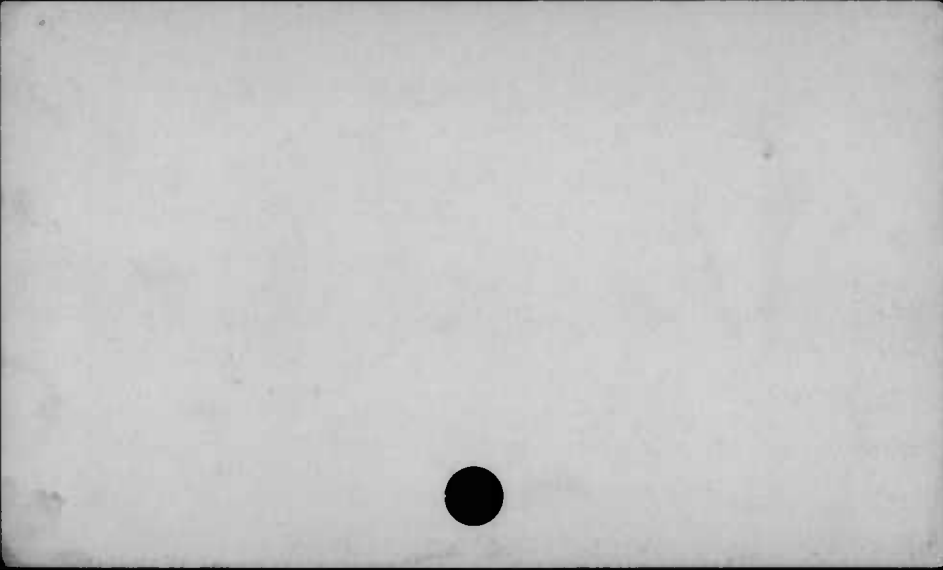
Reported by

C. W. Lee, M.D.

Address

Rossville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elizabeth A Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lanranville		County Baltimore CO		MARYLAND	
Date of death	1903	Month Oct	Day 30	Age 70	Years	Months	Days
Sex	Female		Color or Race	white		Birth- place	Maryland
Married, Single or Widowed	married			Occupation	Housewife		
Name of Wife or Husband							
Father's Name	Mr Henry			Father's Birthplace	Maryland		
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation	Sydney Brown			How related to deceased	son in law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age		How long	two months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?		A. Young Whitbrook M.D. 297 Grosvenor Ave. Baltimore Md.		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place		Occupation	
Married, Single or Widowed		Name of Wife or Husband		Father's Name		Father's Birthplace	
Mother's Maiden Name		Name of person giving information		Mother's Birthplace		How related to deceased	

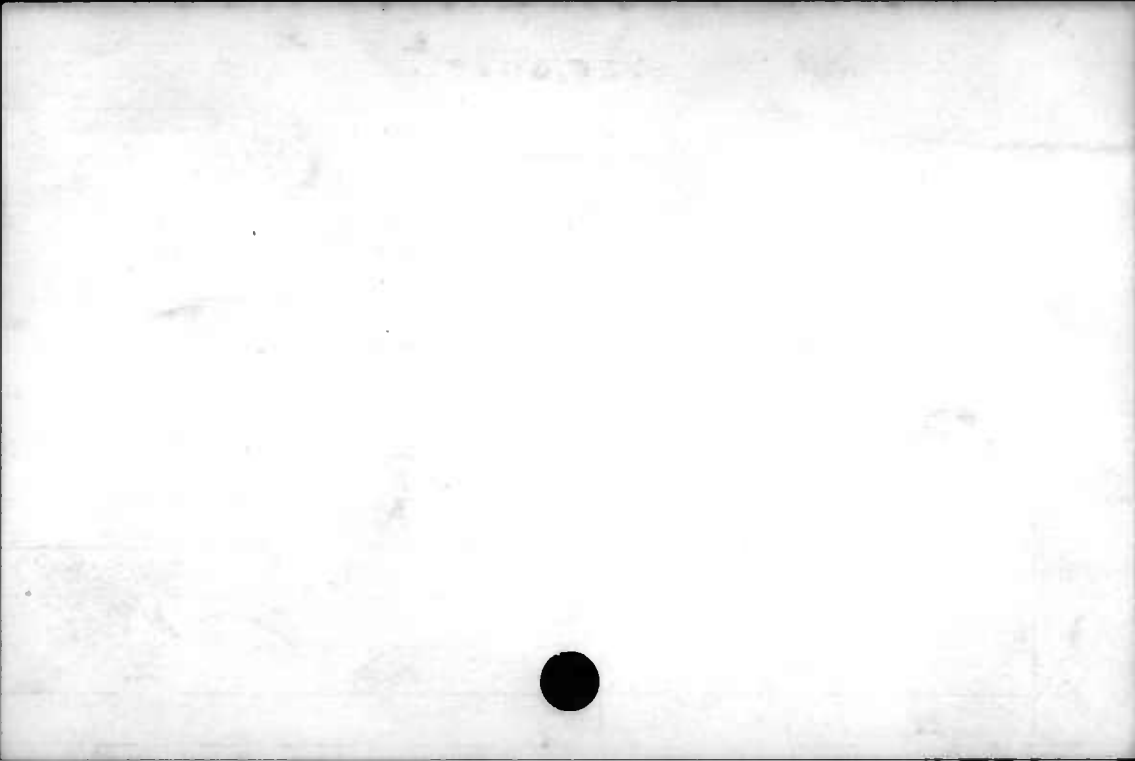
John T. Baldwin
Shumans Point.
Bulld.
Oct.
27
Male
White
Shumans Point
None
Benjamin M. Baldwin
Mary Hopkins
Benjamin M. Baldwin
Bulld.
Bulld.
Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address

Mumps
3 months.
Mumps.
yes
F. C. Eldred M.D.
Shumans Point



Name

in
Full

CERTIFICATE OF DEATH

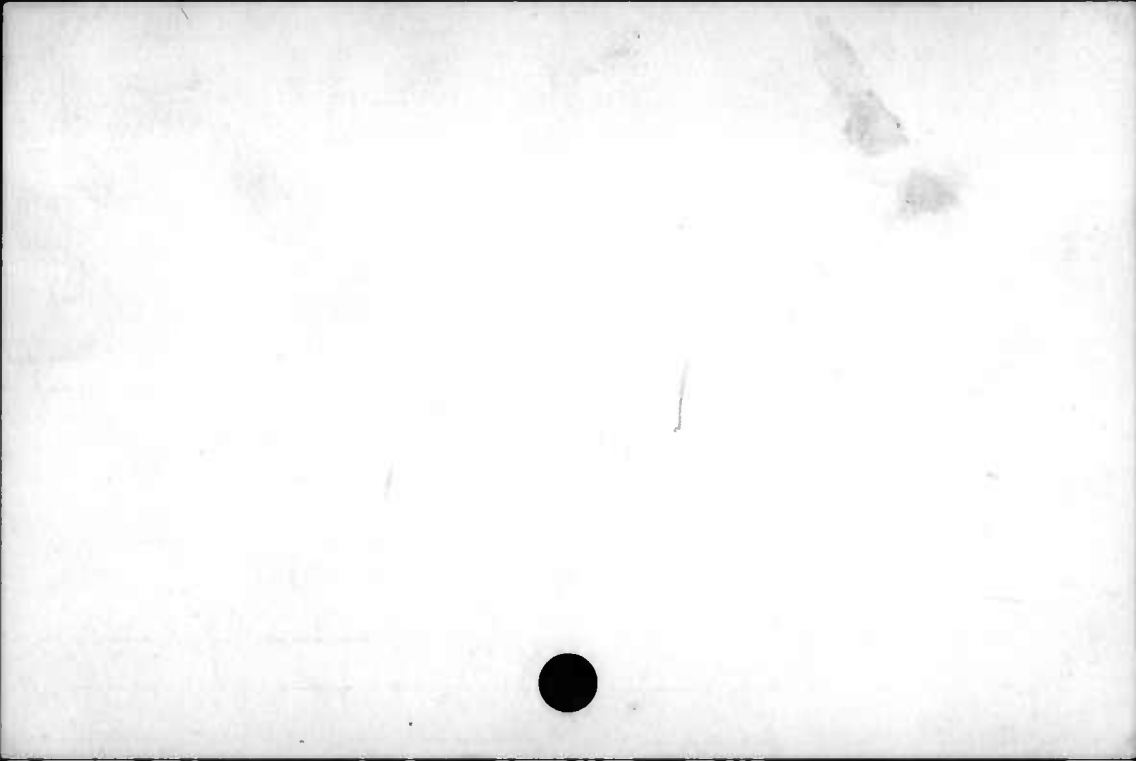
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rossville</i> ^{Town}		<i>Baeto co</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month}	<i>Oct</i> ^{Day}	<i>6</i> ^{Age}	<i>—</i> ^{Years}	<i>5</i> ^{Months} <i>days</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Fernan Bark</i>			Father's Birthplace		
Mother's Maiden Name <i>Louisa Weinrich</i>			Mother's Birthplace <i>Rossville</i>		
Name of person giving information <i>Henry Weinrich</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asclapria</i>	How long <i>2 day</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. V. Macie</i>
	Address <i>Rossville Md</i>
Accident or suicide?	



Name
in
Full

CERTIFICATE OF DEATH

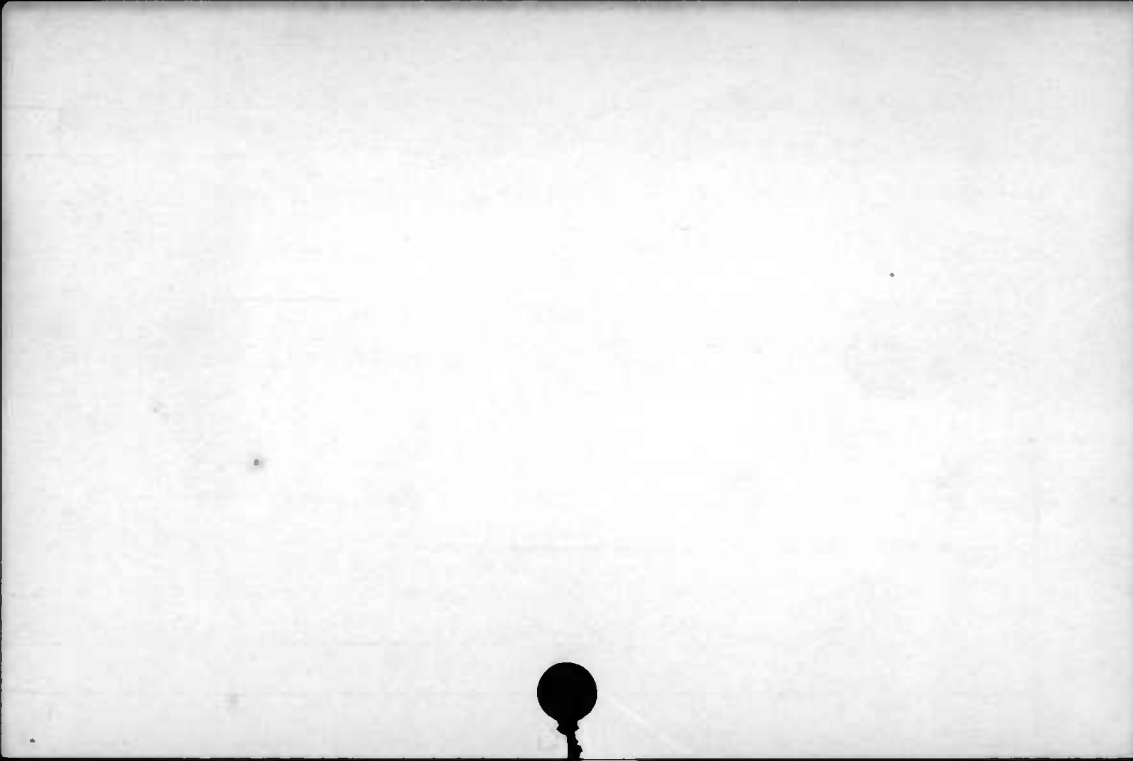
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Barnes, Martha H.</i>		Town <i>Levensville</i>		County <i>Dalto</i>		MARYLAND	
Died at <i>Levensville</i>		Month <i>Oct</i>		Day <i>12</i>		Age <i>40</i>	
Date of death <i>1903</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>None</i>					
Name of Wife or Husband <i>X</i>							
Father's Name <i>X</i>		Father's Birthplace <i>X</i>					
Mother's Maiden Name <i>X</i>		Mother's Birthplace <i>X</i>					
Name of person giving information <i>X</i>		How related to deceased <i>X</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>		How long <i>2 years</i>	
Immediate <i>Valvular Dis of Heart</i>		How long <i>few minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. R. K. Kuder</i>	
		Address <i>Levensville Md</i>	
Accident or Suicide? <i>no</i>			



Name in Full

Certificate of Death

John Jacob Bassler
 Town *Glencoe* County *Balto.*

MARYLAND

Died at *Glencoe* *Balto.*
 Date 1903 *10* *14* Month Day
 Age *70* *1* Y. M. D.
 Native of *Germany* Occupation *Gardener*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *3*

Husband of

Wife

Father's

Name

Cause of Primary

Death Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Caroline Stricker
 Mother's *John J. Bassler* Maiden Name *Not known.*

Rheumatism & senility How long sick *18 months*
Paralysis - died in coma. ~~Accident, Suicide, Homicide~~

Wilmer C. Ensor M.D.
Lockettville Md.

Cemetery
Sherwood Oct 16

Name
in
Full

Bates, Margaret

CERTIFICATE OF DEATH

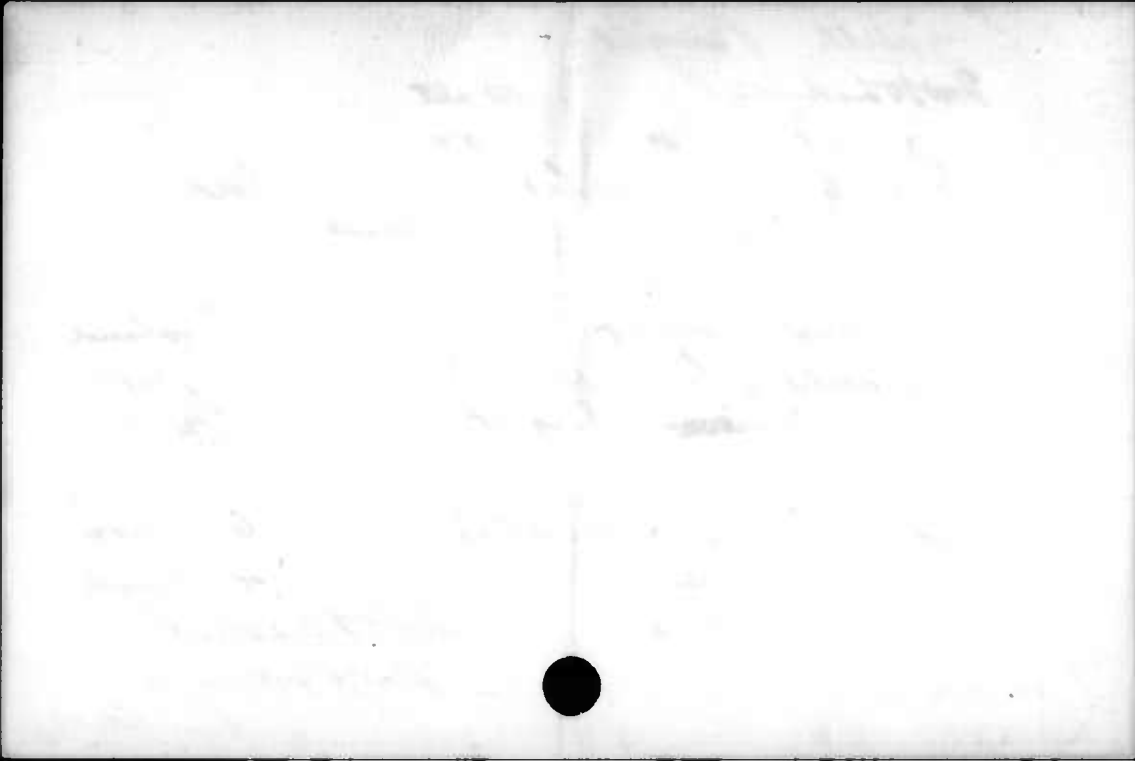
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Calenstville		County Bald.		MARYLAND	
Date of death		1903	Month Oct	Day 22	Age 46	Months	Days
Sex Female		Color or Race white		Birth-place Maryland.			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed Wedded		Name of Wife or Husband X					
Father's Name X		Father's Birthplace X				27	
Mother's Maiden Name X		Mother's Birthplace X				27	
Name of person giving Information X		How related to deceased X				27	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dissection	How long	17 yrs
Immediate	Pulmonary Tuberculosis	How long	3 yrs.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Ray Wade	
Address		Calenstville, Md.	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

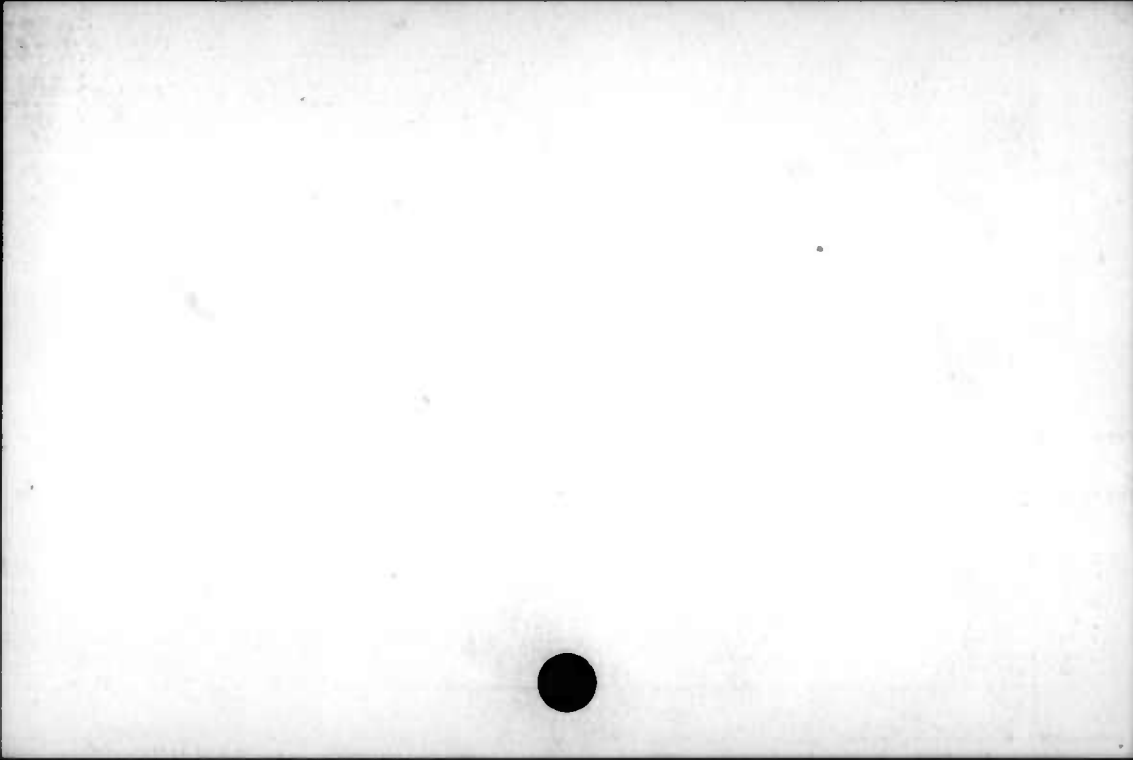
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Delaware</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190	<i>3</i>	Month <i>Oct</i>	Day <i>25</i>	Age <i>69</i>	Months <i>69</i> Days <i>69</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Delaware</i>		
Married, Single or Widowed <i>married</i>		Occupation <i>Gardner</i>			
Name of Wife or Husband <i>Solome Baxter</i>					
Father's Name <i>Andrew Baxter</i>			Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>Solome Baxter</i>			Mother's Birthplace <i>Delaware</i>		
Name of person giving information <i>Wm E Baxter</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Six months</i>
Immediate <i>Heart failure</i>	How long <i>Six months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. J. Habb MD</i>
	Address <i>Randallstown</i>
Accident or Suicide?	<i>Balt Co</i>



Name
in
Full

Susan R Baylies

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Chase		County		Baltimore		MARYLAND	
Date	Month	Day	Age	Years	Months	Days			
of death 1903	Oct	26	73		9	13			
Sex	Female		Color or Race	white		Birth place	Md		
Married, Single or Widowed	Married			Occupation	H W				
Name of Wife or Husband									
64									
Father's Name					Father's Birthplace				
Mother's Maiden Name					Mother's Birthplace				
Name of person giving information					How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy		How long	one week
Immediate	as above		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			John W. Harrison - MD	
			Address	
			215 E. Pratt St Middle River Md	
Accident or Suicide?		No		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Highlandtown</i> ^{town}		County <i>Balto</i>		MARYLAND
	Date of death 190 <i>8</i>	Month <i>Oct</i>	Day <i>26</i>	Age <i>—</i> Years	Months <i>—</i> Days <i>21</i>
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto Co</i>		
	Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>		
	Name of Wife or Husband				
	Father's Name <i>Henry Beck</i>		Father's Birthplace <i>Balto City</i>		
	Mother's Maiden Name <i>Sophia Beck</i>		Mother's Birthplace <i>" "</i>		
Name of person giving information <i>3418 E. Balto St</i>		How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Meningitis</i>		How long		
	Immediate <i>Oedema of brain & lungs</i>		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Albertess Cotton</i>		
			Address <i>1828 E. Balto St.</i>		
	Accident or Suicide?				

Mount Carmel

Oct 27th 1903

St Nicolaus & son
1820 Canton Ave

Name in Full:

Certificate of Death

Normant Claude Benson

Died at Highland Baltimore MARYLAND

Date 1893 Oct 21 Age 5

Male White Married Widower Number of children living 2

Husband of Normant Claude Benson

Wife Name Margie I Mother's Name Benson

Cause of Death Primary Immediate Still Born

How long sick Accident, Suicide, Homicide

Reported by Caroline Betz

Address 315 Lombard St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Leiland Besold
 Town *Rossville* County *Fullerton*

Died at

MARYLAND

Date

of death 190

Month

Day

Years

Months

Days

3

Oct

10

Age

8-3

-

6

Sex

*Male*Color or
Race*White*Birth-
place*Germany*Married, Single
or Widowed*Widower*

Occupation

*Farmer*Name of Wife or
HusbandFather's
Name~~*Leiland Besold*~~Father's
Birthplace*Germany*Mother's
Maiden NameMother's
BirthplaceName of person giving
information*Martin Besold*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Organic Heart disease

How long

9 months

Immediate

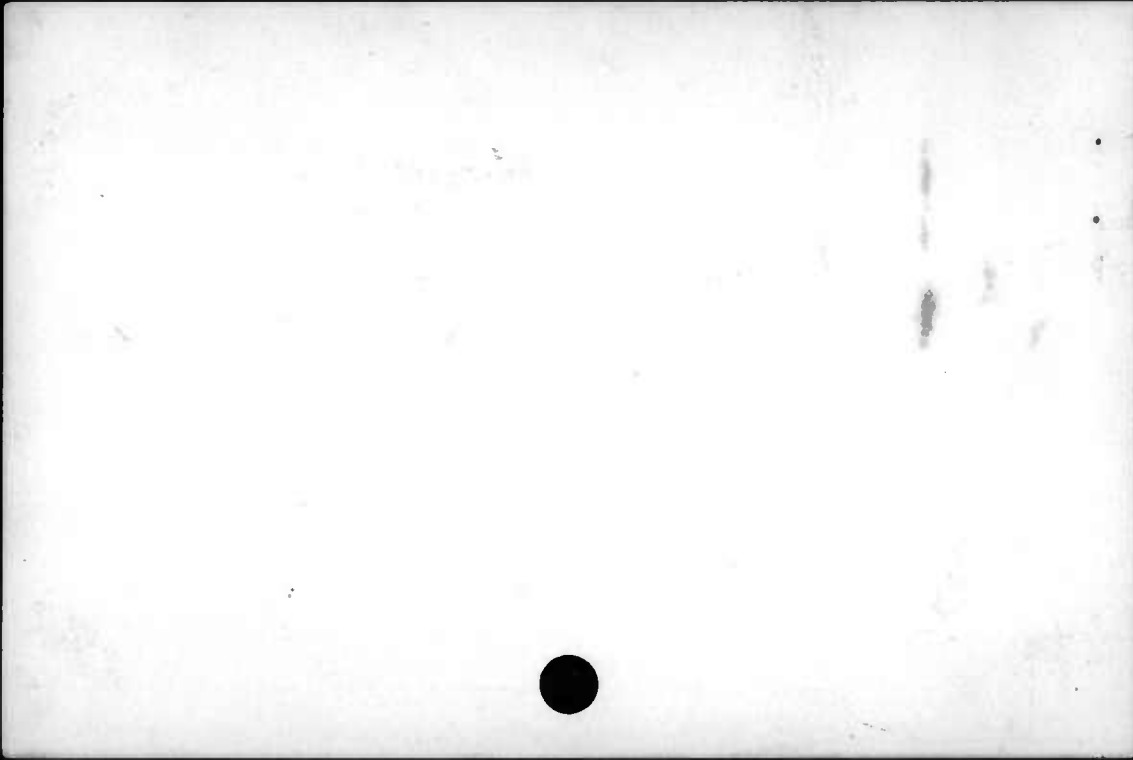
How long

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*C. T. Mace*

Address

Rossville Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

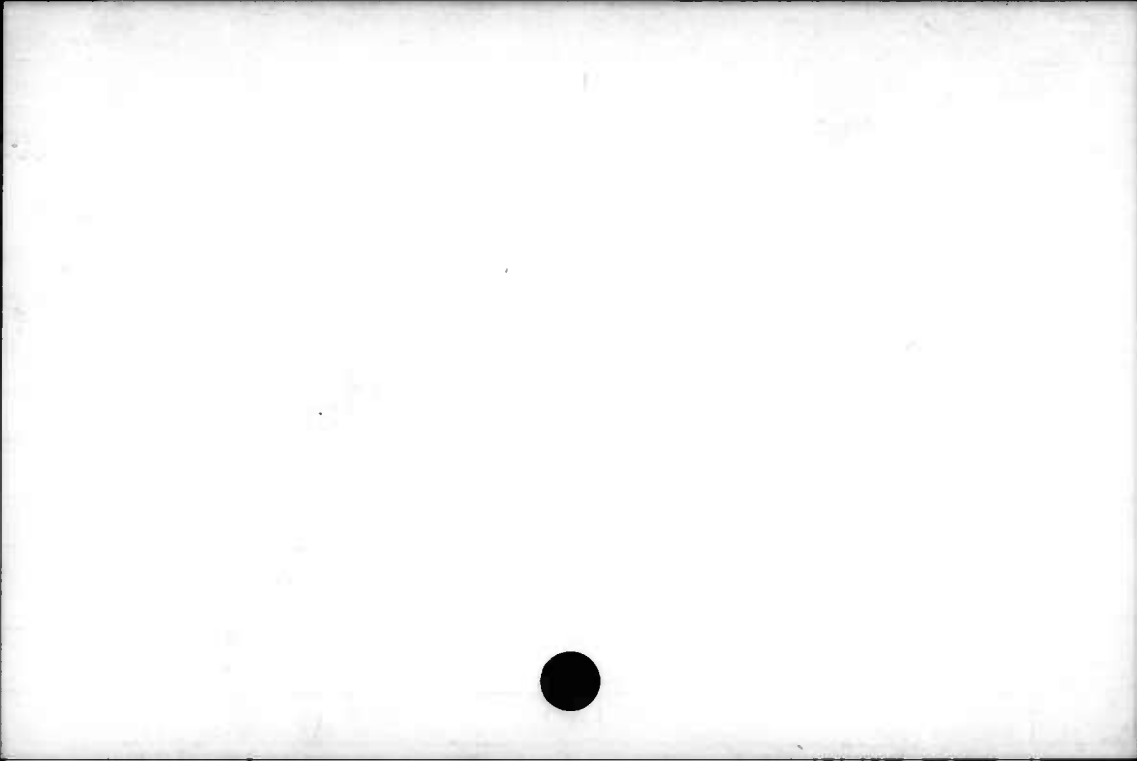
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry Kittizer</i>		Town <i>Baltimore</i>		County <i>Princess</i>		State <i>MARYLAND</i>	
Died at <i>Between Broadway and Broadway</i>		Month <i>October</i>		Day <i>8</i>		Years <i>38</i>	
Date of death 190 <i>3</i>		Month <i>October</i>		Day <i>8</i>		Age <i>38</i>	
Sex <i>Male</i>		Color <i>Red</i>		Birthplace <i>Princess</i>		Occupation <i>166</i>	
Married, Single or Widowed <i>Single</i>				Occupation <i>166</i>			
Name of Wife or Husband <i>James Kittizer</i>				Occupation <i>166</i>			
Father's Name <i>James Kittizer</i>				Father's Birthplace <i>Princess</i>			
Mother's Maiden Name <i>James Kittizer</i>				Mother's Birthplace <i>Princess</i>			
Name of person giving information <i>James Kittizer</i>				How related to deceased <i>166</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Struck by express train</i>		How long <i>3 0 0 0</i>	
Immediate <i>Struck by express train</i>		How long <i>3 0 0 0</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Meddle Reine</i>	
Address <i>Meddle Reine</i>		Signature of Coroner <i>Meddle Reine</i>	
Accident or Suicide? <i>Accident</i>		Signature of Coroner <i>Meddle Reine</i>	



Name
in
Full

Harry Lee Blackely

65
CERTIFICATE OF DEATH

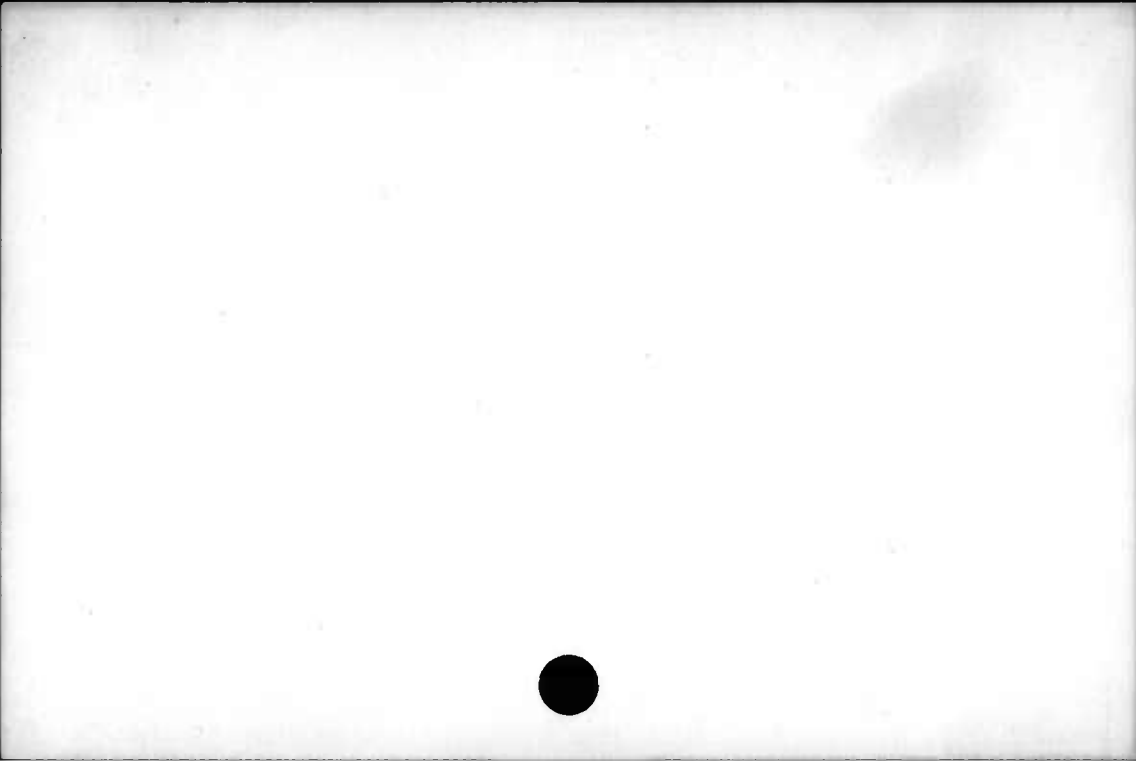
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fork</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct-</i>	Day <i>4</i>	Age	Years <i>✓</i>	2 Months <i>✓</i> 3 Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Fork Md</i>	
Occupation <i>✓</i>		Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>not known</i>		Father's Birthplace <i>✓</i>			
Mother's Maiden Name <i>Elizabeth Blackely</i>		Mother's Birthplace <i>Fork Md</i>			
Name of person giving Information <i>Richard Blackely</i>		How related to deceased <i>grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>cholera infantum</i>	How long <i>2 weeks</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. F. H. Gersuech</i>
	Address <i>Fork Md -</i>
Accident or Suicide?	



Died at		Town <i>John Bosley</i>		County <i>Balto</i>		MARYLAND	
Date 19	<i>03</i>	Month	<i>10</i>	Day	<i>30</i>	Age	<i>85 9 10</i>
Male		White		Married		Widow	
Female		Colored		Single		Widower	
Husband of		Wife		Native of		Occupation	
Father's Name		Mother's Name		Number of children living			
Cause of		Primary		How long sick			
Death		Immediate		Accident, Suicide, Homicide			
Reported by		<i>J. J. Payne M.D.</i>					
Address		<i>Corbett Md</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Adeline Prath Bowend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Int. Washington</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>8</i>	^{Month} <i>October</i>	^{Day} <i>26</i>	Age ^{Years} <i>58</i>	^{Months} <i>nine</i>	^{Days} <i>three</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Prince George's Co. Md.</i>		
Married, Single or Widowed <i>Widow</i>		Occupation			
Name of Wife or Husband <i>Josiah Elmer Bowend Mrs.</i>					
Father's Name <i>Truman Belt</i>			Father's Birthplace <i>Prince George's Co. Md.</i>		
Mother's Maiden Name <i>Elizabeth Ann Ross</i>			Mother's Birthplace <i>Prince George's Co. Md.</i>		
Name of person giving information <i>Mrs. Harriet Ross Belt</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Liver & Right Lung</i>	How long	<i>About 15 min.</i>
Immediate	<i>Asthemia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>William J. Franck M.D.</i>	
		Address <i>Mt Washington Md.</i>	
Accident or Suicide?			

A. S. Marshall
Greenmount Cemetery
Oct 28 - 03

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Elizabeth Bright</i>		Town <i>Washingtin</i>		County <i>Balt</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>10</i>		Day <i>30</i>		Age <i>54</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Home</i>					
Name of Wife or Husband							
Father's Name <i>Richard Bright</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Bertie Peacock</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Lickey Bright</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma - Gastric</i>		How long <i>6 mo</i>	
Immediate <i>Exhaustion</i>		How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. H. Beeten</i>	
		Address <i>Washingtin</i>	
Accident or Suicide?		<i>Ind</i>	

Arlington

Name
in
Full35
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Upper Falls</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1903	Month	October	Day	21
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	None		Where Residing if not at place of death	Govanstown	
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Alexander Brodie	Father's Birthplace	Md		
Mother's Maiden Name	Ella Brodie	Mother's Birthplace	Maryland		
Name of person giving Information	Joshua Hammond		How related to deceased	50	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes	How long	Unknown
Immediate	Coma	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. Wallwater
		Address	Upper Falls
			Md
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Highlandtown</i>		County <i>Baltimore</i>		MARYLAND
	Date of death 190 <i>3</i>		Month <i>October</i>	Day <i>14</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co Md</i>		
	Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>				
	Name of Wife or Husband <i>—</i>						
	Father's Name <i>Joseph A. Brune</i>		Father's Birthplace <i>Maryland</i>				
	Mother's Maiden Name <i>Mary J. Kissner</i>		Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Joseph A. Brune</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>		How long <i>2 days</i>				
	Immediate <i>Cyanosis</i>		How long <i>—</i>				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. J. A. Glantz</i>				
			Address <i>41 Eastern Ave Et.</i>				
Accident or Suicide?							

St. Alphonsus Cemetery

Oct. 15th 1903

Germanus France

Under Taber

Name
in
Full

Elizabeth Anne Bull

CERTIFICATE OF DEATH

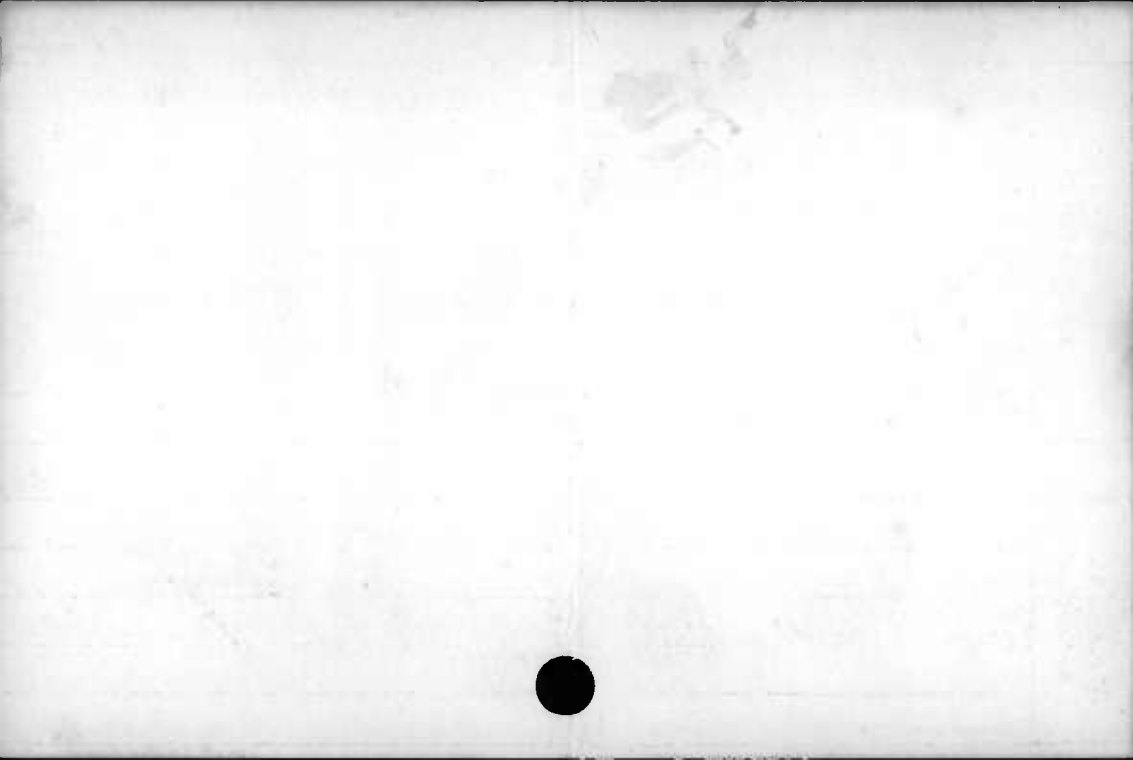
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Foreston</i> Town		<i>Balto</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>22nd</i>	Age <i>70</i>	Months <i>5</i>	Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>3 Historic Balto</i>		
Married, Single or Widowed <i>Married</i>			Occupation		
Name of Wife or Husband <i>Joshua E. Bull</i>					
Father's Name <i>Edward Lawson</i>			Father's Birthplace <i>Pennsylvania</i>		
Mother's Maiden Name <i>Kiire Cullison</i>			Mother's Birthplace <i>High Trenton Balto. Co.</i>		
Name of person giving information <i>Joshua H. Bull</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>Lined two days</i>
Immediate <i>Paralytic of brain</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Morris MD</i>
	Address <i>Freehillsville</i>
Accident or Suicide?	<i>Med</i>



Name
in
Full

CERTIFICATE OF DEATH

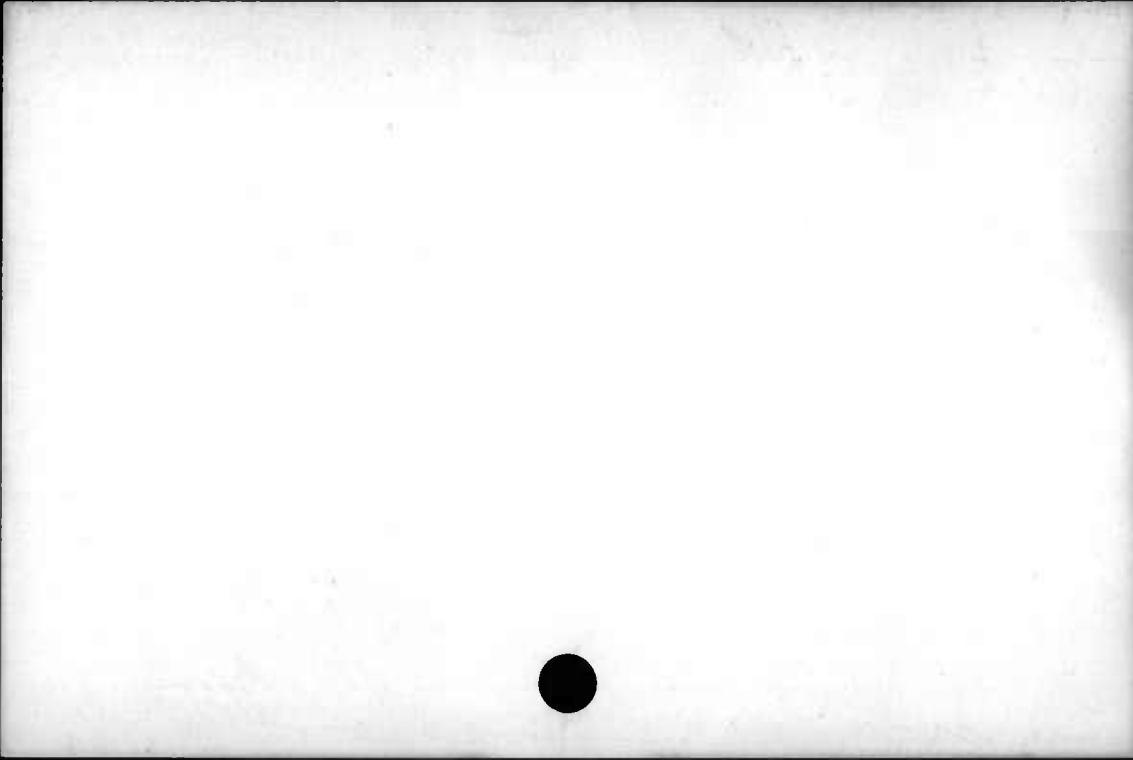
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Sanitarium</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death 1903	Month <i>10</i>	Day <i>29</i>	Age <i>41</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>Druggist</i>				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Gastric</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. T. O'Mara M.D.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name
in
Full

John. A. Bush

CERTIFICATE OF DEATH

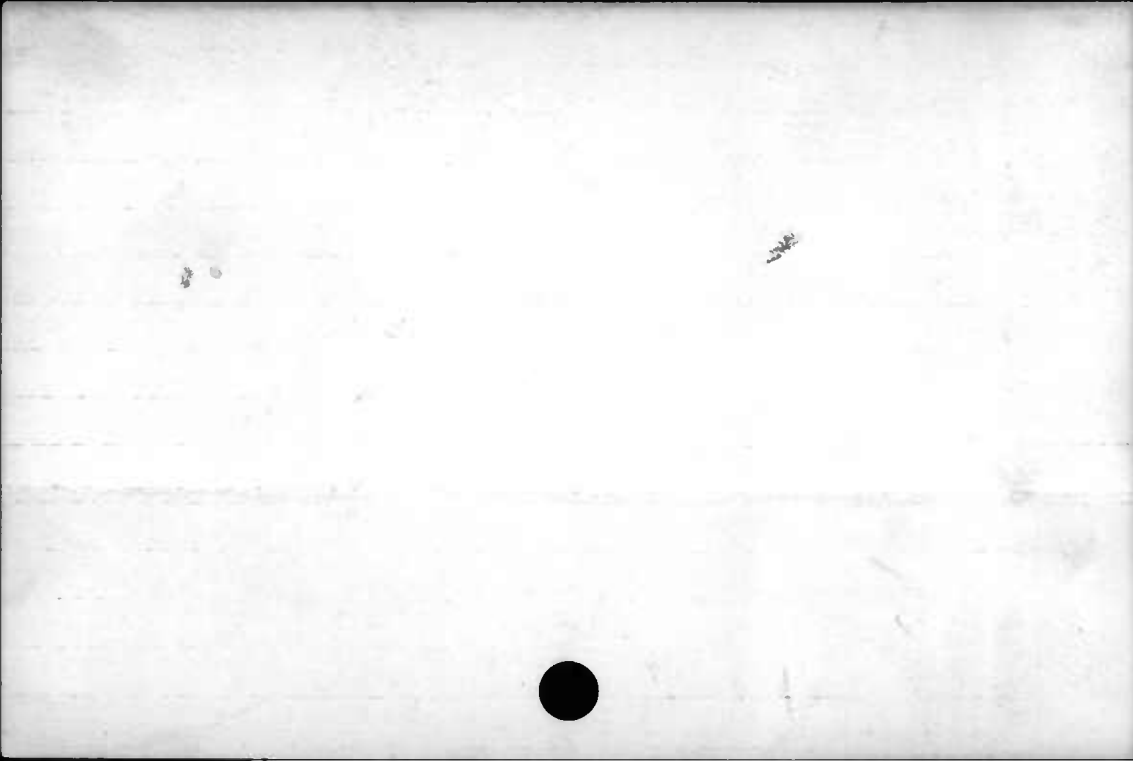
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bentley Springs</i>		Town		County <i>Balt.</i>		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>10</i>	Day	<i>18</i>	Age	<i>35</i>
				Years		Months	<i>8</i>
				Days		<i>12</i>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Penn</i>
Married , Single or Widowed				Occupation <i>Farmer</i>			
Name of Wife or Husband							
Father's Name <i>Rudolph Bush.</i>				Father's Birthplace <i>Chester Co Pa</i>			
Mother's Maiden Name <i>Connie E. Morrison</i>				Mother's Birthplace <i>Pennsylvania</i>			
Name of person giving information <i>Mother of Deceased.</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cardiac dropsy</i>	How long	<i>2 months</i>
Immediate	<i>Heart failure</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W B Morris</i>	
		Address <i>Parkton Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

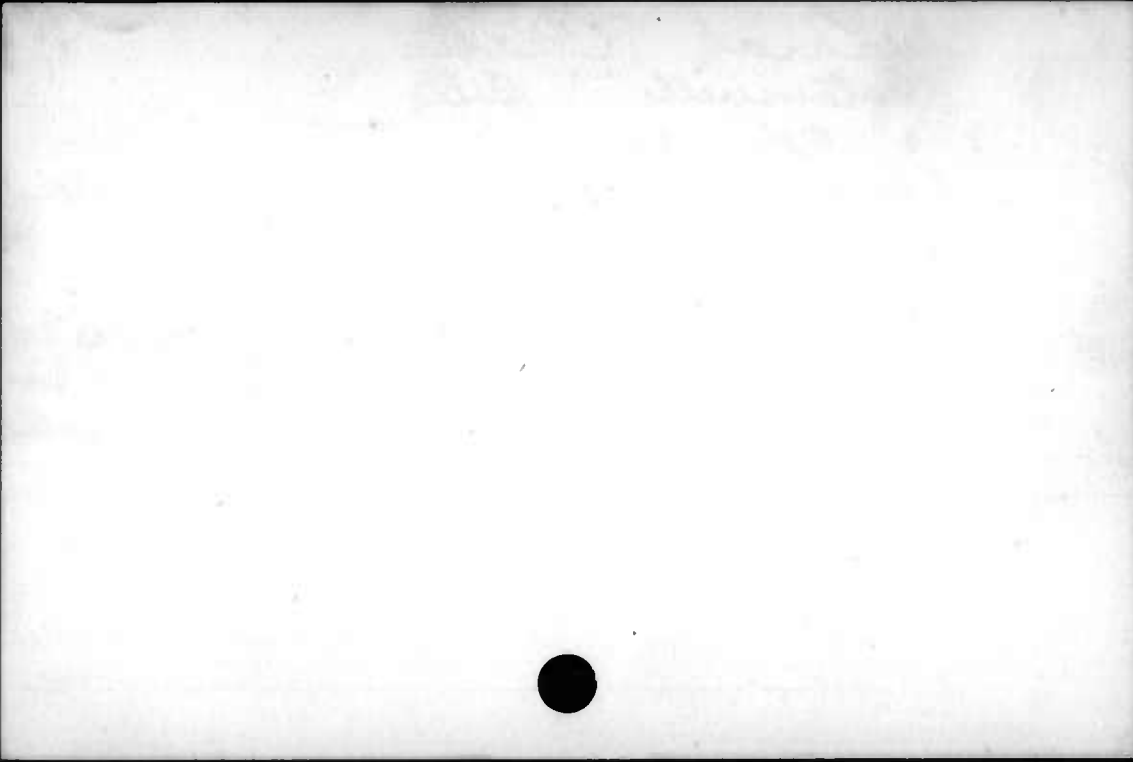
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>woodlawnburg</i>		Town <i>woodlawnburg</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>17</i>	Age <i>7</i>	Years <i>7</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Penn</i>				
Married, Single or Widowed <i>married</i>		Occupation <i>House wife</i>					
Name of Wife or Husband <i>Wm H Bushey</i>							
Father's Name		<i>66</i>		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Wm H Bushey</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>a fall, which hurt her hip and reduced her vitality</i>	How long
Immediate <i>Starvation</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jas. H. Wilson</i>
	Address <i>Fowlesburg Md</i>
Accident or Suicide?	



Name
in
Full

Mariah Carter

CERTIFICATE OF DEATH

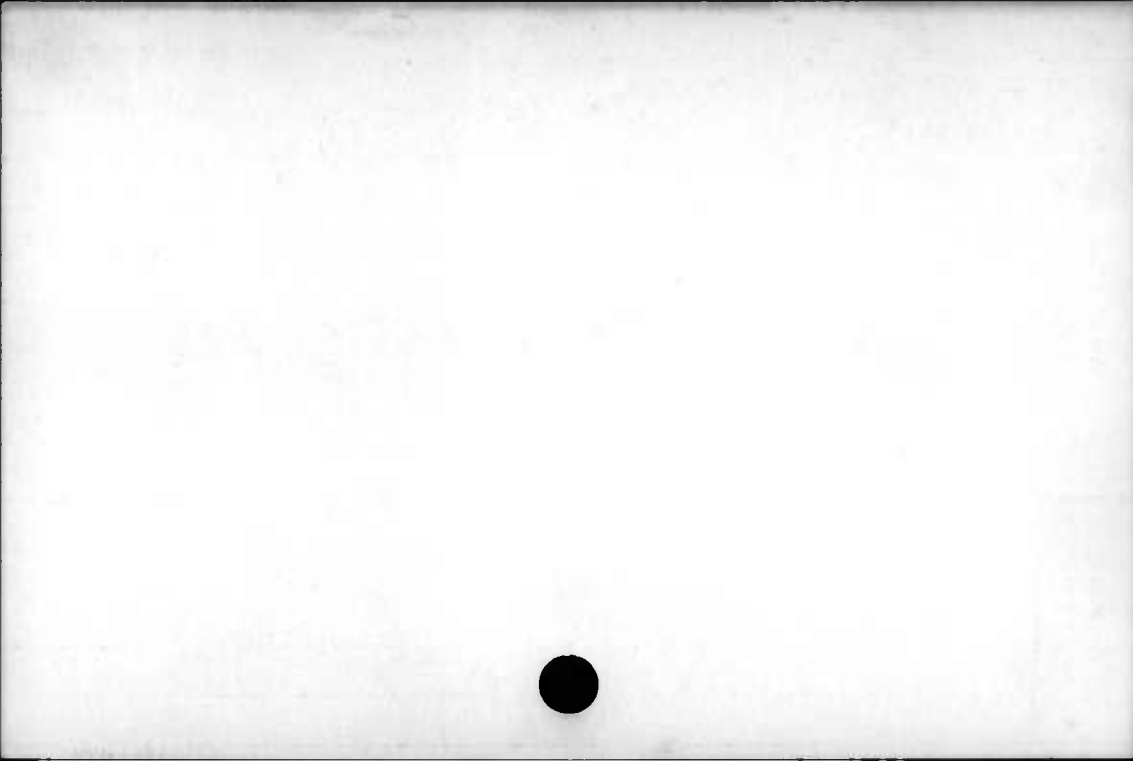
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cotonsville		County Balto		MARYLAND	
Date of death 1903		Month Oct	Day 24	Age —		Months —	Days —
Sex Female		Color or Race Colored		Birth- place Cotonsville Ind.			
Married, Single or Widowed —				Occupation —			
Name of Wife or Husband —							
Father's Name Isaac Carter				Father's Birthplace Hannard Co. Ind.			
Mother's Maiden Name Fannie Strader				Mother's Birthplace Winchester Va.			
Name of person giving information				How related to deceased Grandmother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long —	
Immediate asthenia		How long —	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. E. Stultz M.D.	
		Address Cotonsville Ind.	
Accident or Suicide?			



Name
in
Full

William Counsley

CERTIFICATE OF DEATH

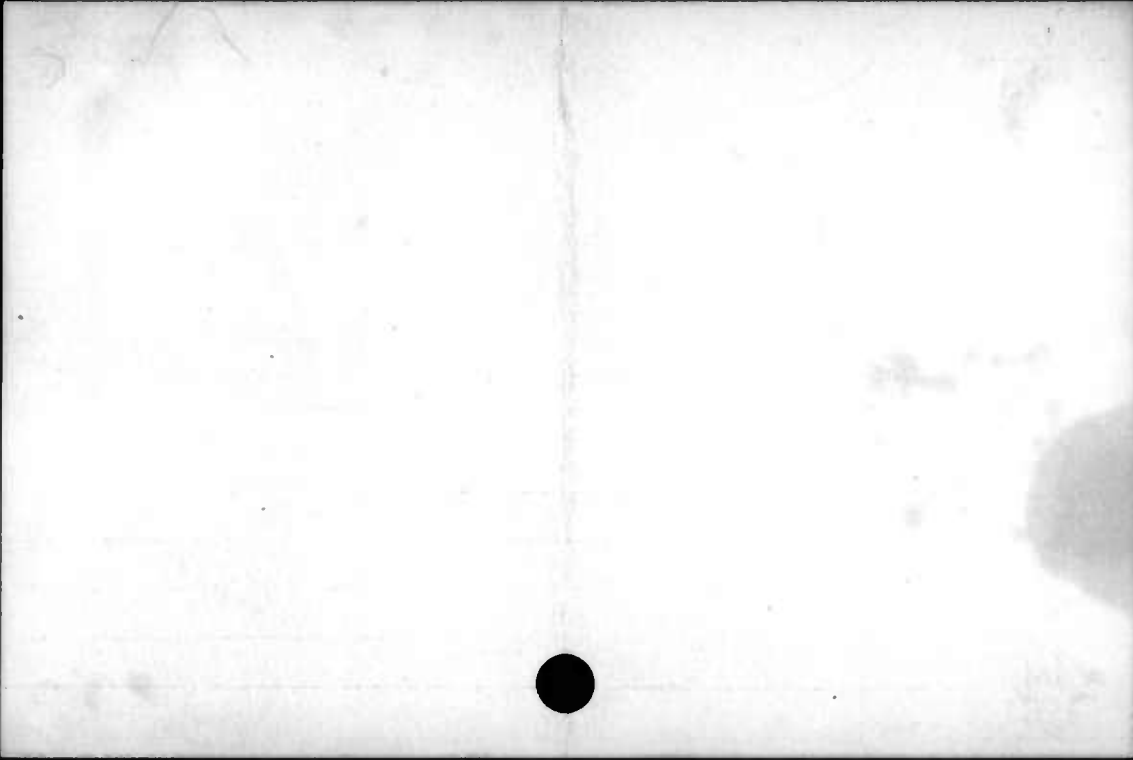
TO BE ANSWERED BY
NEAREST FRIEND

Died at Bona Town		County Baltimore		MARYLAND	
Date of death 190 3	Month 10	Day 23	Age 29	Months 3	Days 12
Sex male	Color or Race white	Birth-place Baltimore			
Married, Single or Widowed Married	Occupation Labored				
Name of Wife or Husband Mary Counsley					
Father's Name Wm Counsley				Father's Birthplace Harford, Md	
Mother's Maiden Name Sarah Merryman				Mother's Birthplace Pheto, Md	
Name of person giving information Charles Martin				How related to deceased Friend	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart Disease	How long 2 or 3 years
Immediate Heart Syncope	How long Few hours
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician A. B. Mitchell
	Address Harford, Md.
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>St. Agnes Hosp.</i>		County <i>Balt</i>		
		Town		State <i>MARYLAND</i>		
		Date of death 190 <i>3</i>	Month <i>X</i>	Day <i>1</i>	Age <i>47</i>	Years
		Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Virginia</i>		
		Married, Single or Widowed <i>X</i>		Occupation <i>Insurance Business</i>		
		Name of Wife or Husband				
		Father's Name		Father's Birthplace		
Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Bulbar Paralysis</i>			How long	
		Immediate <i>Transition</i>			How long	
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>L. W. Frown</i>	
					Address <i>1938 Andover Ave</i>	
		Accident or Suicide?			<i>Baltimore Md</i>	

Martin Fahey & Sons

Undertakers

Baltimore Md

Name
in
Full

Elija Cullen

CERTIFICATE OF DEATH

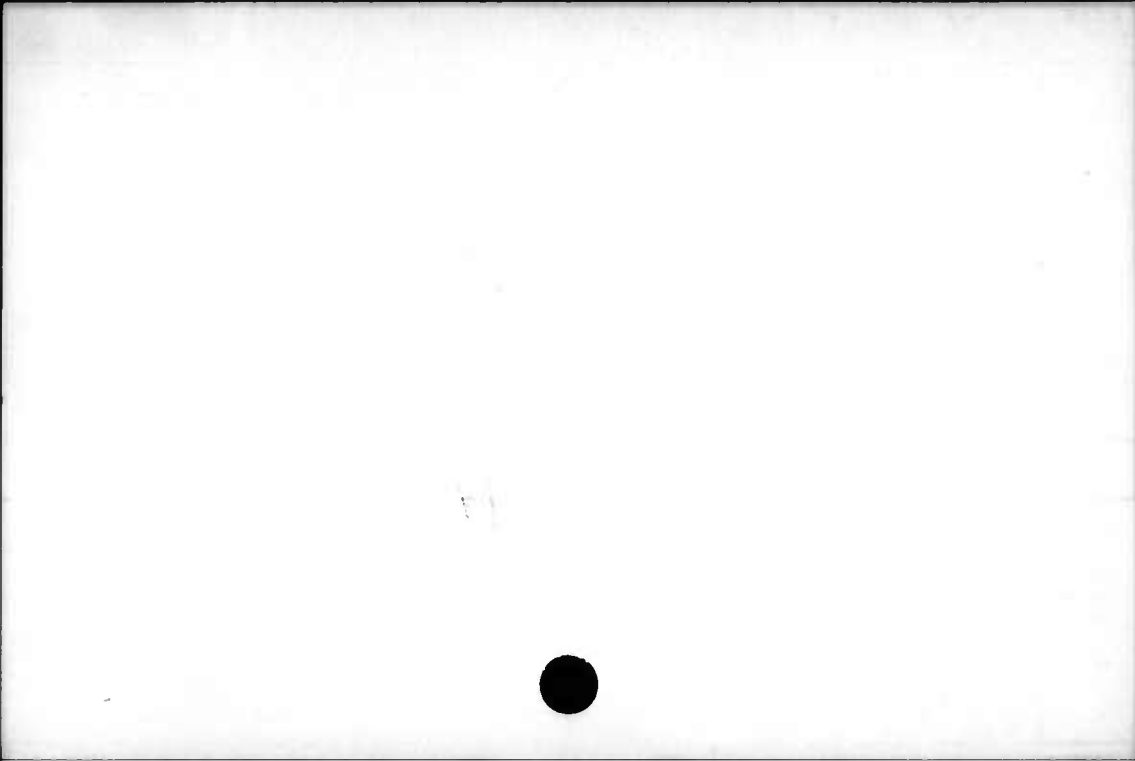
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct</i>	Day <i>14</i>	Age <i>68</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Mrs. S. Cullen or Widowed		Name of Wife or Husband <i>John Cullen</i>			
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving Information <i>Dennis Riordan</i>			How related to deceased <i>Son-in-Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Progressive Paralysis</i>	How long <i>15 yrs</i>
Immediate <i>Exhaustion, cerebral Hemorrhage.</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Charles L. Manfrot</i>
	Address <i>Catonsville Md</i>
Accident or Suicide?	



Name
in
Full

Mark Daily

CERTIFICATE OF DEATH

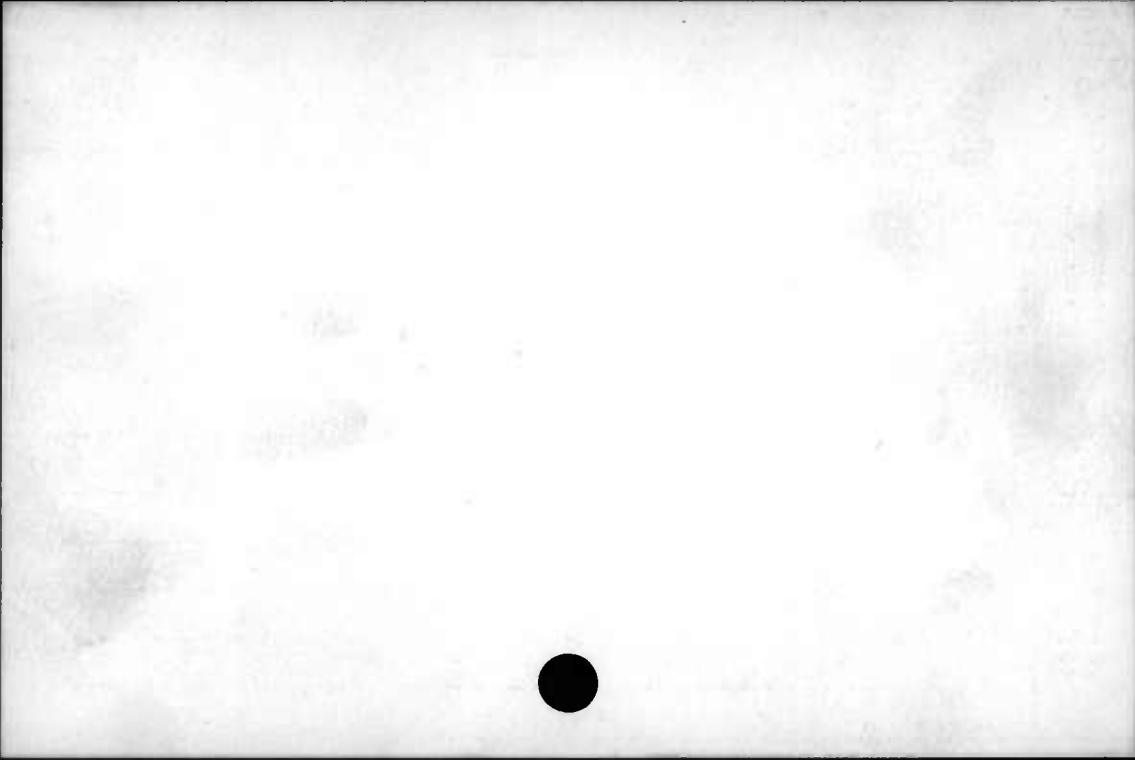
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Hospital</i> <small>Town</small> <i>Baltimore</i> <small>County</small> MARYLAND	
Date of death 1903 .	<small>Month</small> <i>10</i> <small>Day</small> <i>15</i> <small>Years</small> <i>82</i> <small>Months</small> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i> Birth-place <i>Ireland</i>
Married, Single or Widowed	Occupation <i>None</i>
Name of Wife or Husband	
Father's Name	Father's Birthplace
Mother's Maiden Name	Mother's Birthplace
Name of person giving information	How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Cor-diac trouble</i>	How long
Immediate <i>Exhaustion from severe debility.</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. T. Marx M.D.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name
in
Full

Frank H. Debelius

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Orangetown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>Oct.</i>	Day <i>7</i> ^{<i>12</i>}	Age <i>—</i>	Months <i>9</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto. Co Md.</i>			
Married, Single or Widowed <i>single</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Frank M. Debelius</i>		Father's Birthplace <i>Maryland</i>		<i>15</i>	
Mother's Maiden Name <i>Barbara Sanft</i>		Mother's Birthplace <i>Maryland</i>		<i>15</i>	
Name of person giving information <i>Frank M. Debelius</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diarthoe - Marasmus</i>	How long <i>3 weeks</i>
Immediate <i>asthenia</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Milkins</i>
	Address <i>6 N. Broadway</i>
Accident or Suicide? <i>neither</i>	

Holy Redeemer Cemetery

Oct. 9th 1903

Germanus Thane

Undertaker

Name
in
Full

Isaac Bell

CERTIFICATE OF DEATH

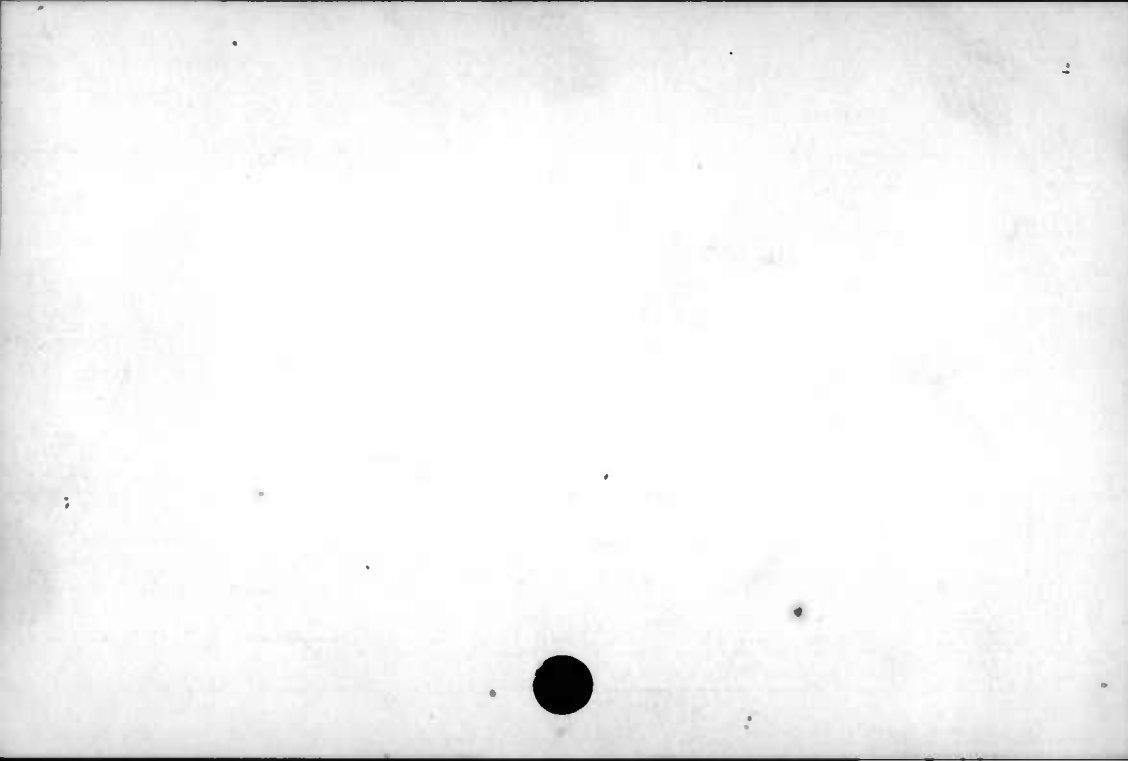
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Garrirev</i> Town			County <i>Buch</i>			MARYLAND	
Date of death 190 <i>3</i>	Month <i>10</i>	Day <i>23</i>	Age <i>64</i> Years	Months	Days		
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>md</i>				
Married, Single or Widowed			Occupation <i>Labourer</i>				
Name of Wife or Husband <i>Mother Bell</i>							
Father's Name <i>—</i>			Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>md</i>				
Name of person giving information <i>John Jefferman</i>			How related to deceased <i>Son in law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of Liver</i>	How long <i>about 1 yr</i>
Immediate <i>dropy</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jas H. Wilson</i>
<i>Yes</i>	Address <i>Farmersburg</i>
Accident or Suicide?	<i>md</i>



Jamies P Dennis

Town

County

Died at

MARYLAND

Date *1903* Month *Oct.* Day *13* Y. *7* M. *7* D. *7* Native of *Kid* Occupation *None*
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living *9*

Husband
of
Wife

Father's
Name

Mother's
Name

Cause of { Primary *Diphtheria* How long sick *24 hrs*
 Death { Immediate *Diphtheria* ~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

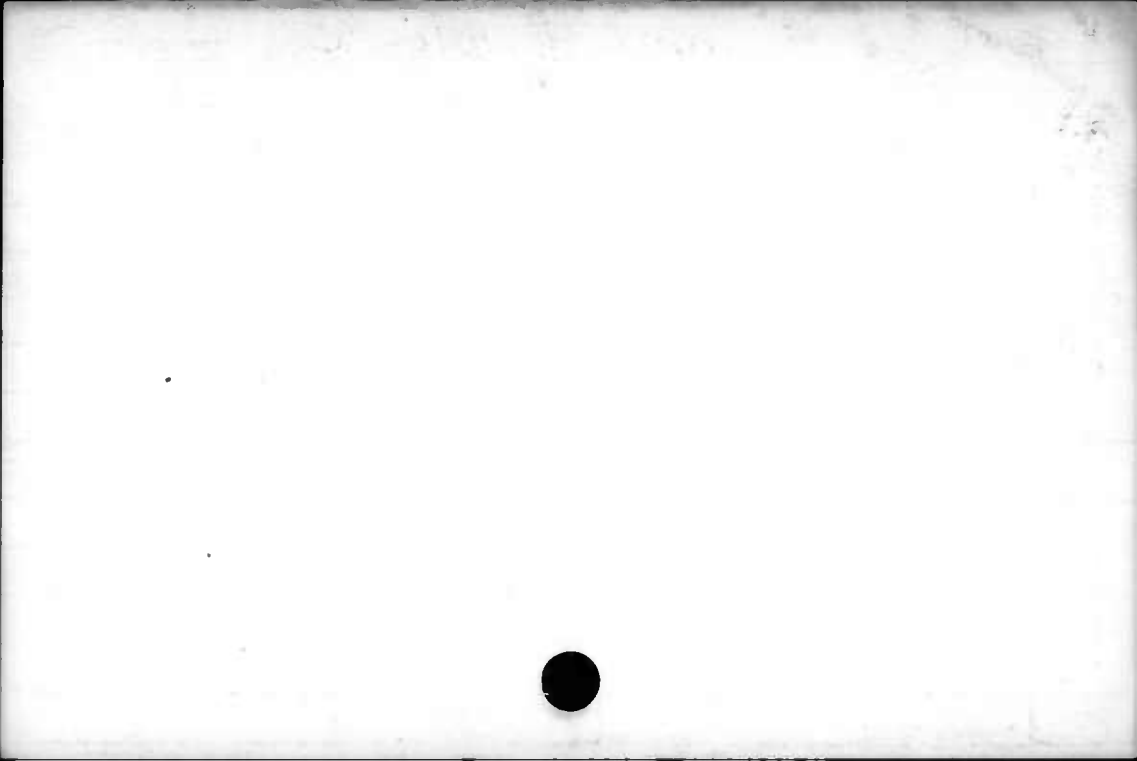
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Piney Grove</i>		County <i>Balto</i>		MARYLAND	
Date of death 190	Month <i>3</i>	Day <i>Oct 28</i>	Age <i>15</i>	Months <i>1</i>	Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Piney Grove</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband					
Father's Name <i>Isiah T. Derricks</i>			Father's Birthplace <i>Balto co Md</i>		
Mother's Maiden Name <i>Alice Hardy</i>			Mother's Birthplace <i>Balto co Md</i>		
Name of person giving information <i>Joseph Derricks</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Row Price</i>
	Address <i>Glyndon</i>
Accident or Suicide? <i>X</i>	



Name
in
Full

Thomas M. Drismore

CERTIFICATE OF DEATH

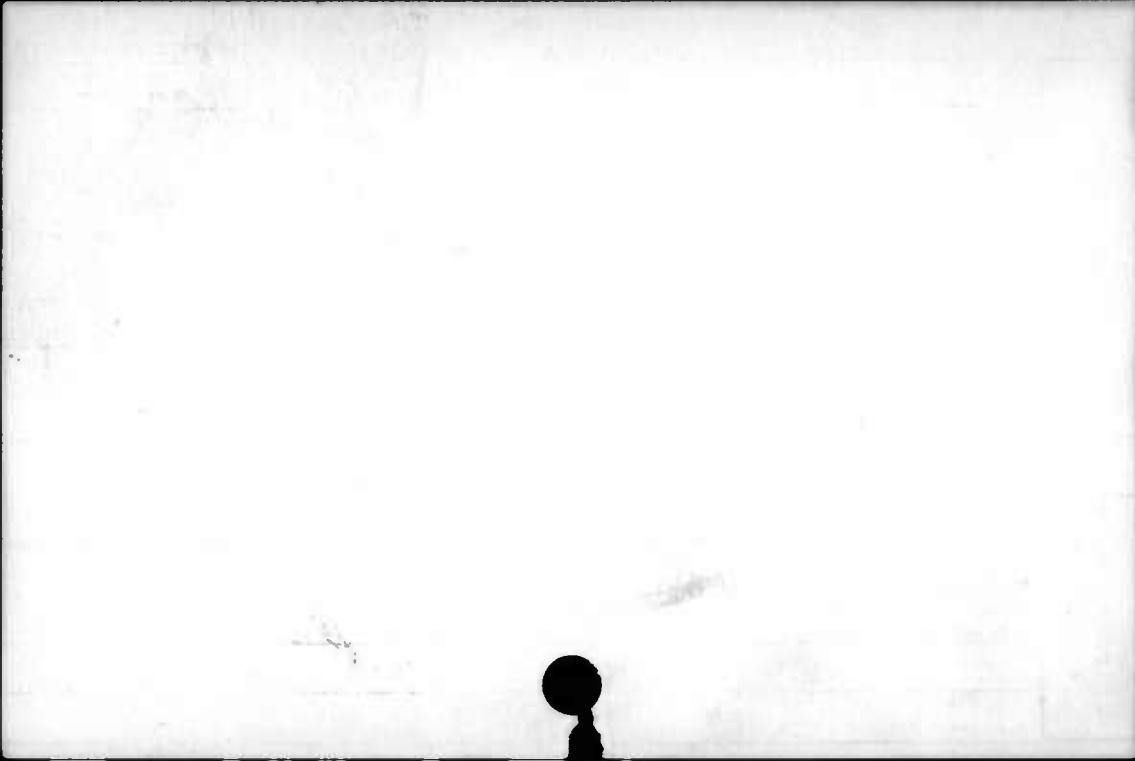
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>10</i>	Day <i>16</i>	Age <i>45</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>Merchant</i>	Where Residing if not at place of death <i>O'Donnell & Thindbl.</i>				
Married, Single <i>Widowed</i>	Name of Wife or Husband <i>Adele J. Drismore</i>				
Father's Name <i>David Drismore</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Margaret Moran</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving Information <i>P. E. Ratcliffe</i>	How related to deceased <i>Bro-in-law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. Sullivan</i>
	Address <i>1144 Chesapeake St</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

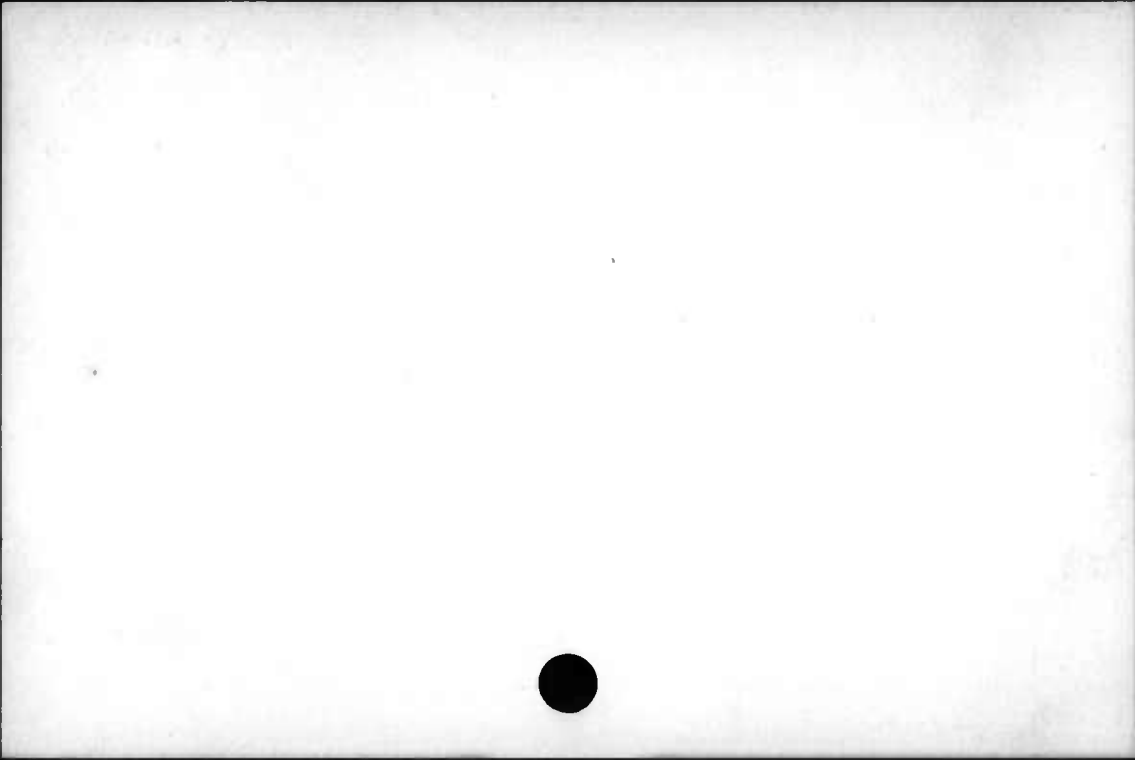
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Sanitarium</i> ^{Town} <i>Baltimore</i> ^{County} <i>MARYLAND</i>					
Date of death 190 <i>3</i> .	Month <i>10</i>	Day <i>27</i>	Years <i>37</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth- place <i>Philadelphia</i>			
Married, Single or Widowed <i>X</i>		Occupation <i>Clerical</i>			
Name of Wife or Husband					
Father's Name		166		Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving In formation		How related to deceased			

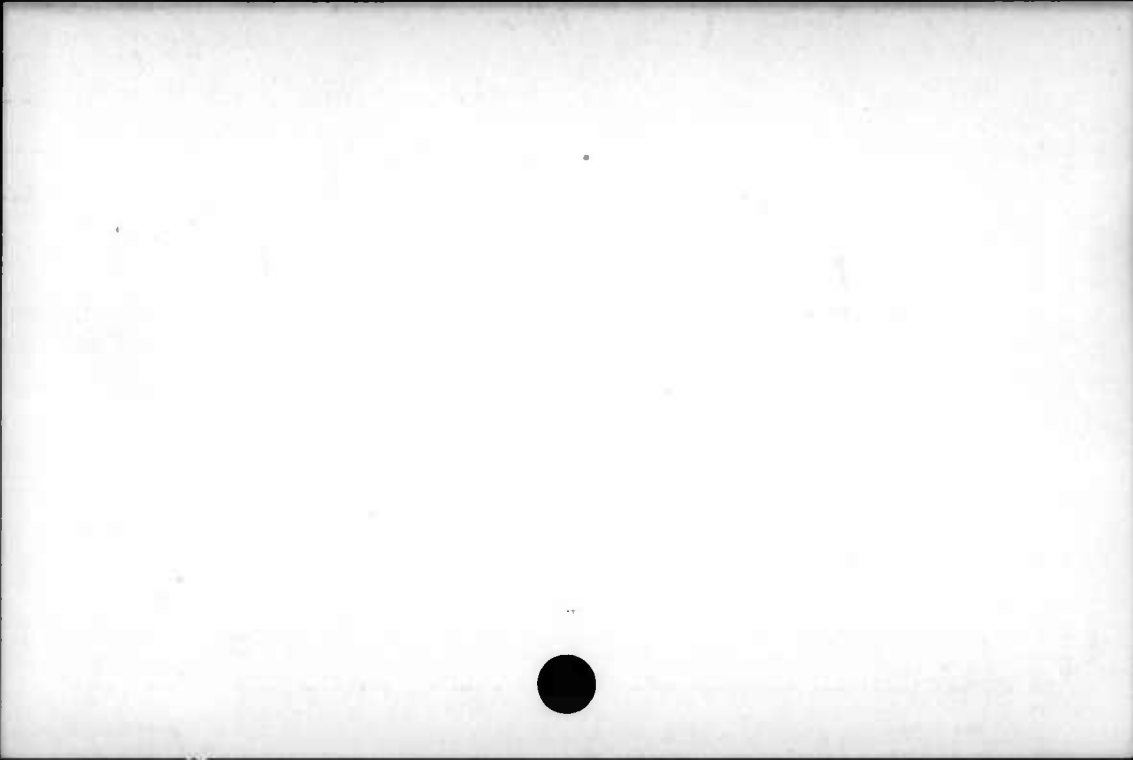
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Concussion of brain</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. T. Moran M.D.</i>
		Address <i>St. Agnes Hospital</i>
Accident or Suicide?		



Name in Full Willard Fillmore Eader		CERTIFICATE OF DEATH	
Died at Aurings Mills ^{Town}		Baltimore ^{County}	
Date of death 190 3 ^{Month} October ^{Day} 31st		Age Seven ^{Years} Two ^{Months} 29 ^{Days}	
Sex Male		Color or Race White	Birth-place Frederick Co.
Married, Single or Widowed Single (child)		Occupation None	
Name of Wife or Husband _____			
Father's Name John D. Eader		Father's Birthplace _____	
Mother's Maiden Name Sophronia Fox		Mother's Birthplace Frederick Co.	
Name of person giving information Frank Keating		How related to deceased Son	
CAUSES OF DEATH			
Primary Burn on back		How long 13 days	
Immediate Pneumonia		How long 5 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Frank Keating M.D.	
		Address Aurings Mills	
Accident or Suicide? _____		Maryland	



Name
in
Full

Matilda Sousa Eccerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 1903	<i>Oct.</i> ^{Month}	<i>12</i> ^{Day}	<i>9</i> ^{Years}	<i>21</i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i></i>			
Name of Wife or Husband <i>Henry M Eccerman</i>					
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>H M Eccerman</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tub Pulmonalis</i>	How long
Immediate <i>Embarcation</i>	How long
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. N. Wiley</i>
	Address <i>2 Indiana Ave</i>
Accident or Suicide?	

St Mathews born

J Herwig & Son

Name in Full

Certificate of Death

Died at

Date 19

Male

~~Female~~Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by the person if in attendance, or otherwise by coroner, undertaker or minister.

John Eckers

Town

County

Beltz, Co. Abbeys house

MARYLAND

Month Day Y M D Native of Occupation

03 10 15 84 Germany

White Married Widow Divorced

~~Colored~~ Single Widower Number of children living

154

Mother's

Maiden Name

Primary Infirmities of old age How long sick

Immediate Accident, Suicide, Homicide

Thos. G. Bussey

Texas

Md.



Name in Full

Certificate of Death

Lydia Nordella Eicholz
 Town *Phoenix* County *Bald*

Died at

MARYLAND

Date 19*03* Month *10* Day *12* Age *7* Y. M. D. Native of *MS* Occupation *—*
☒ Male ☐ White ☒ Married ☐ Widow ☐ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *—*

Husband
 of
 Wife

Father's Name *Otway Eicholz* Mother's Maiden Name *Eva. H. Markman*

Cause of Death ☒ Primary *Laryngeal Diphtheria* How long sick *24 h.*
☒ Immediate *Effluvia* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Elizabeth Orhardt				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Canton		Baltimore		MARYLAND	
		Date of death 1903		Month		Day	
		Oct.		16		Years	
		Age		18		Months	
						Days	
		Sex		Female		Color or Race	
				White		Birth-place	
				Balto. Md.			
		Married, Single or Widowed		Single		Occupation	
				None			
		Name of Wife or Husband					
		Father's Name				Father's Birthplace	
		Frank J. Orhardt				Germany	
		Mother's Maiden Name				Mother's Birthplace	
		Annie Edelman				Balto. Md.	
		Name of person giving information				How related to deceased	
		Frank J. Orhardt				Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Pleurisy - (tubercular)				3 months	
		Collapse				How long	
		Yes				one day	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
						Address	
						1013 Canton St.	
		Accident or Suicide?					

Sacred Heart Cemetery

Oct. 20th 1903

Germanus France

Undertaker

Rozilla Evers
 Died at *Glencoe* ^{Town} *Baltimore* ^{County} MARYLAND

Date 1900 *Dec 10* Month *Dec* Day *10* Age *69* Y. M. D. Native of *Maryland* Occupation
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
 Female ~~Colored~~ *Single* *Widower* Number of children living

Husband of
 Wife

Father's Name *Joseph Evers* Mother's *Eliza Evers*
 Maiden Name

Cause of Death { Primary *Bright's Disease* How long sick *1 yr*
 Immediate *Elphinstone* Accident, Suicide, Homicide

Reported by *J. Ross Payne* *By D. Corbett*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Washington		County Balto Co		MARYLAND	
Date of death	1903	Month Oct	Day 16	Age 74	Years	Months	Days 4
Sex	Female		Color or Race	White		Birth- place	Md.
Occupation	Worw		Where Residing if not at place of death		Mt Washington		
Married, Single or Widowed	Widow		Name of Husband	Thomas Fagen			
Father's Name	Isack Renu		Father's Birthplace	Md.			
Mother's Maiden Name	Mary Rice		Mother's Birthplace	Md.			
Name of person giving Information	Fanger Hoffman		How related to deceased	Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phonic Brights		How long	One year
Immediate	Apoplexy		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	C. H. Beaten
			Address	Mt Washington
Accident or Suicide?				

Frederick City Md
Oct. 17-03

A. S. Maus Hall
3539 Fall Road

Name
in
Full

Still Born Infant

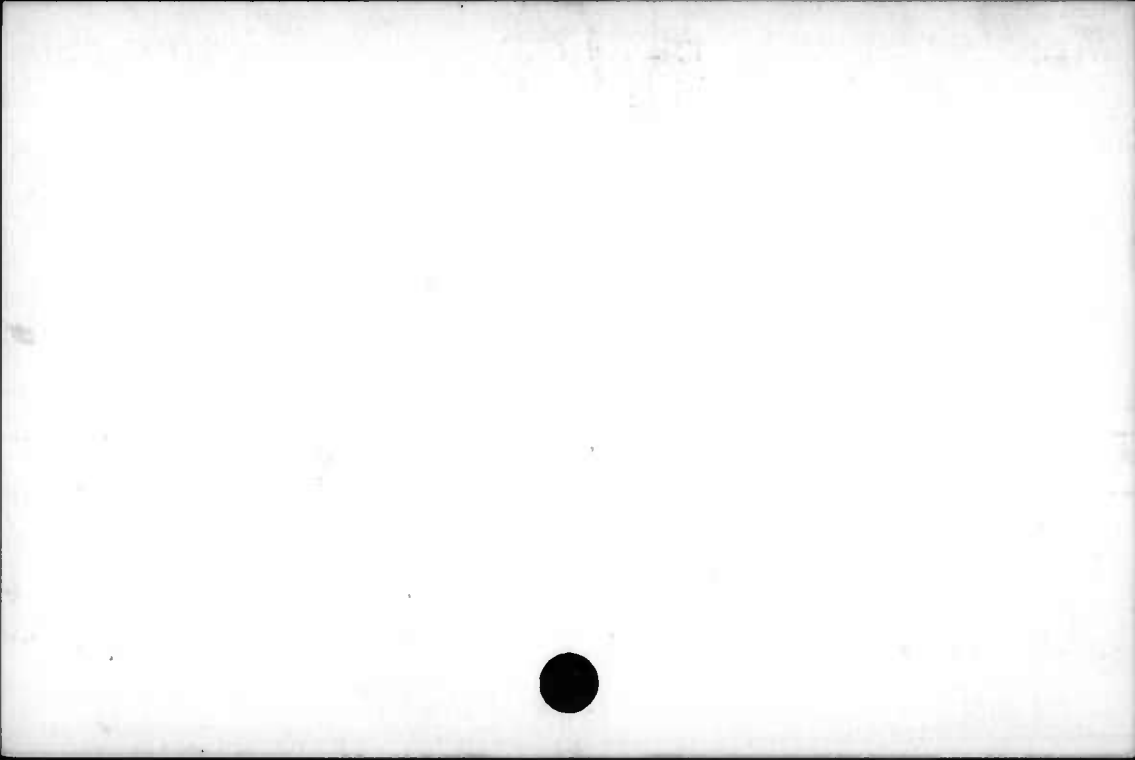
49
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Louis Green</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct-</i>	Day <i>11</i>	Age _____	Months _____	Days _____
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place _____	
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Frank Ford</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Emma McComas</i>			Mother's Birthplace <i>"</i>		
Name of person giving Information <i>Frank Ford</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long _____
Immediate <i>"</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. F. H. Gossuch Jr.</i>
	Address <i>Ft. Ind.</i>
Accident or Suicide?	



Name
in
Full

Martha Francis

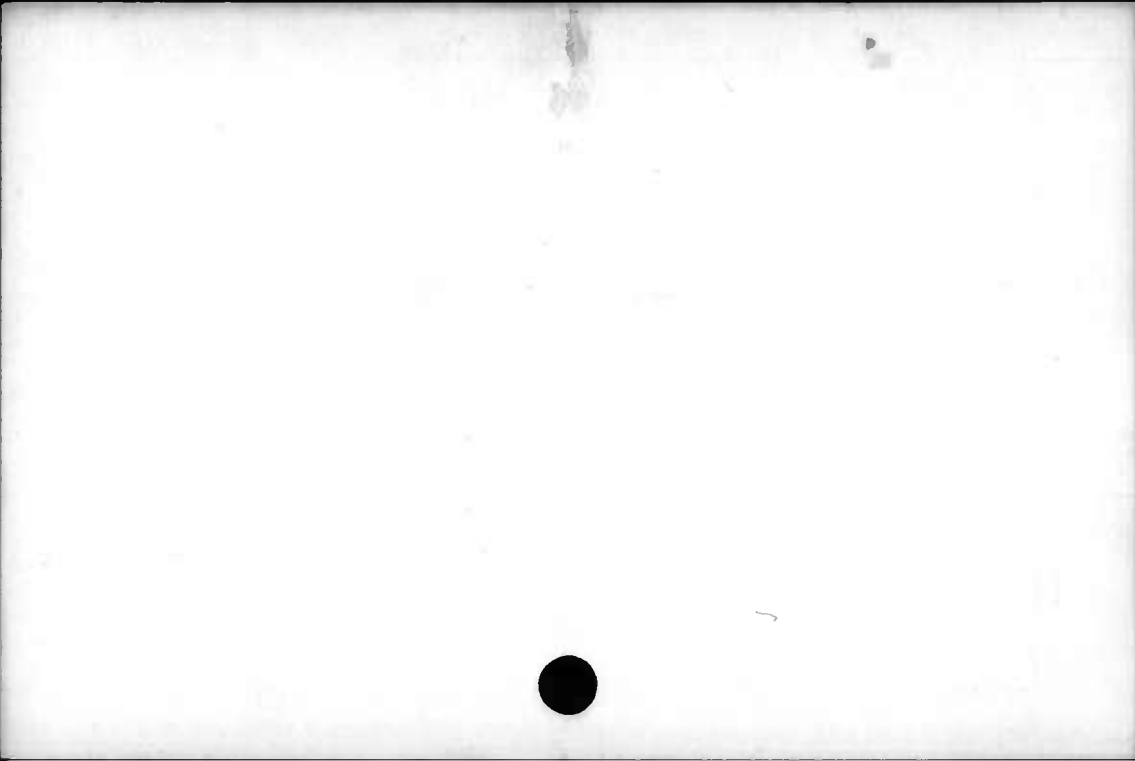
65
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Greenwood</u>		County <u>Baltimore</u>		MARYLAND	
Date of death	1903	Month	<u>Oct</u>	Day	<u>7</u>	Years	<u>89</u>
				Age		Months	<u>10</u>
Sex	<u>Female</u>		Color or Race	<u>White</u>		Birth-place	<u>Maryland</u>
Occupation	<u>/</u>			Where Residing if not at place of death			<u>/</u>
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>/</u>				
Father's Name	<u>Thomas Francis</u>					Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Perilla Chenoweth</u>					Mother's Birthplace	<u>"</u>
Name of person giving Information	<u>Martha Francis</u>					How related to deceased	<u>Sister in law</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Old Age</u>	How long	<u>2 months</u>
Immediate	<u>Fractured Thigh</u>	How long	<u>" "</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<u>Dr. Stuever</u>	
		<u>Gitting</u>	
Accident or Suicide?			



Name
in
Full

John Fromm

(Fromen)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Pikesville^{County} Baltimore

Date of death 1903

Month Oct

Day 20

Age 70

Years

Months 6

Days 22

Sex Male

Color or Race

White

Birth-place

Germany

Occupation Farmer

Where Residing if not at place of death

as above

Married, Single or Widowed

Married

Name of Wife or Husband

Virginia Fromm

Father's Name

Andrew Fromm

Father's Birthplace

Germany

Mother's Maiden Name

Margaret K. K. K.

Mother's Birthplace

11

Name of person giving Information

Mrs Fromm

How related to deceased

Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility

How long

Several months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Morris Naylor

Address

Pikesville Md

Accident or Suicide?

A. S. Manshall
Stone @ Lappell

Oct 23 - 1983

Name In Full

Certificate of Death

John Abraham Galloway.

Died at

Texas

Balls

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Oct-15

Age 48.11.

Maryland

Laborer

Male

White

Married

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

4

Husband

of

Ella Parks

Father's

Name

James Galloway

Mother's

Maiden Name

Olivia Cole

Cause of

Primary

Pneumonia

How long sick

8 days

Death

Immediate

Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

Dr. B. B. Bauson

Address

Cockspurville

Balls, Mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jessup Cemetery
Box 17.

Please file our permits
and return them

Oblige
W. C. Proctor

Name
in
Full

Theo Garand

CERTIFICATE OF DEATH

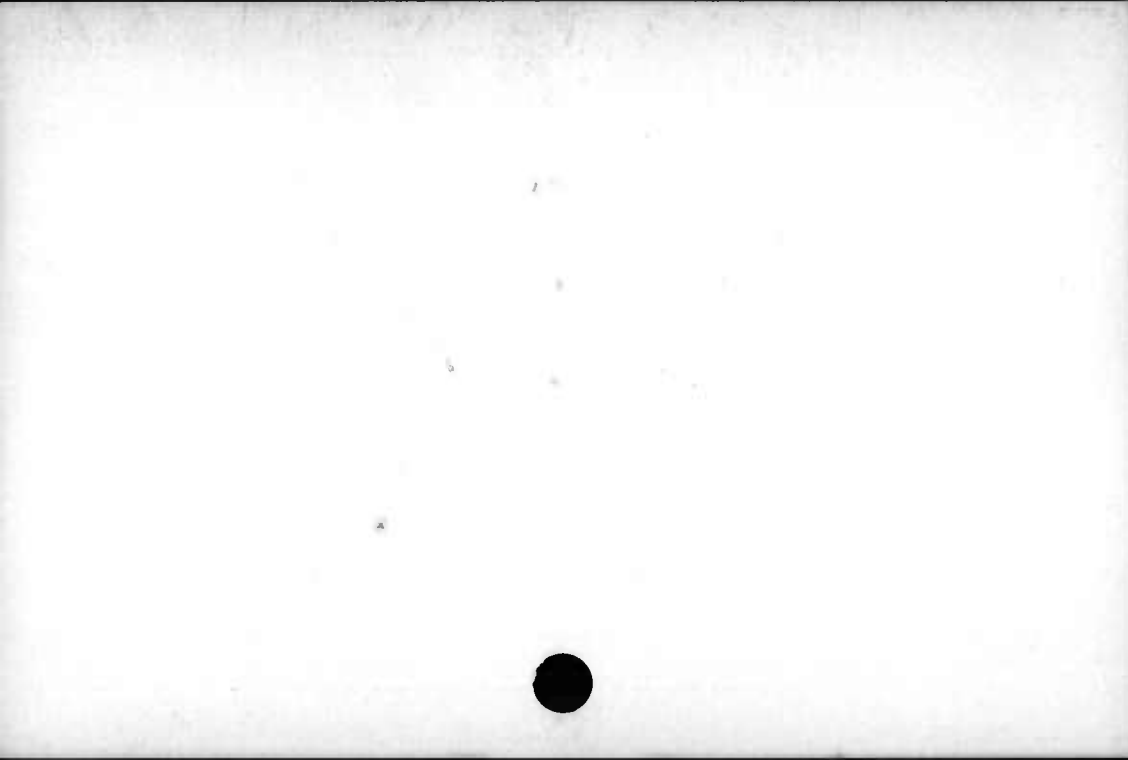
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lauraville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190	<i>3 Oct</i> ^{Month}	<i>4</i> ^{Day}	Age <i>45</i> ^{Years}	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>France</i>		
Married, Single or Widowed	<i>Married</i>		Occupation <i>Barber</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Ford K Lasher</i>			How related to deceased		

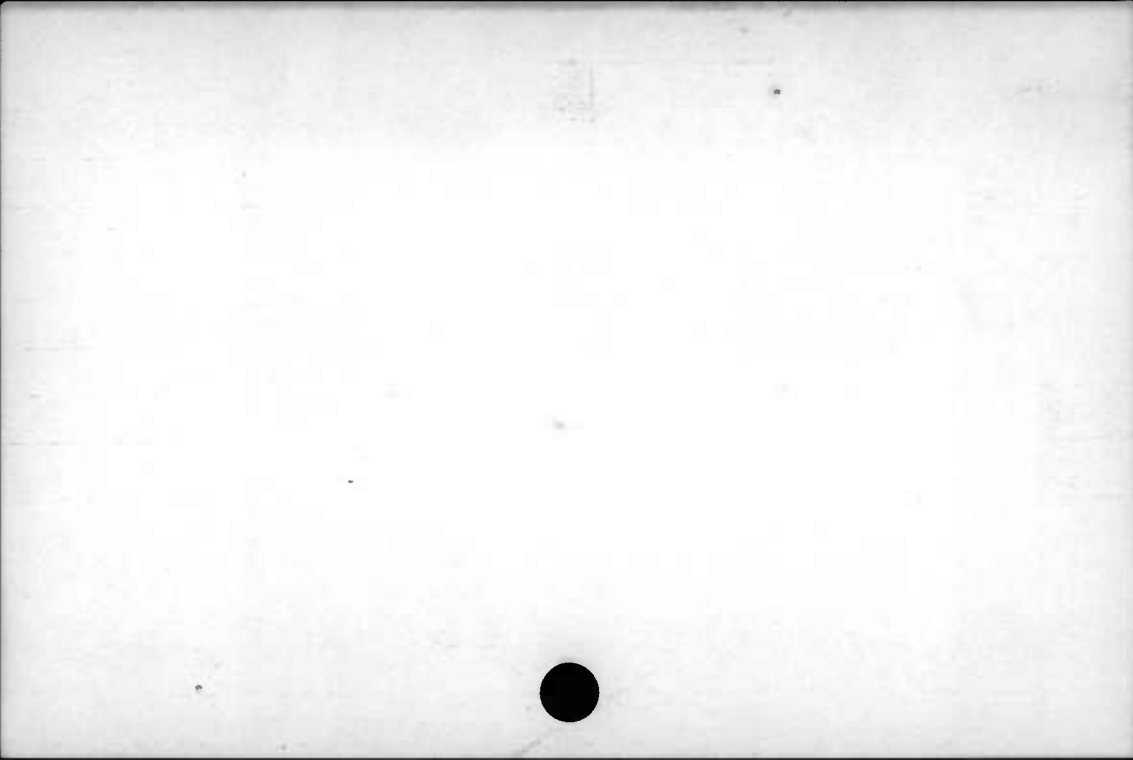
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Natural Causes</i>	<i>At 1st Case</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John D. Case</i>
	Address <i>105 Newmarket P.</i>
Accident or Suicide?	<i>See above</i>



Name in Full		Benjamin H. Barrett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Town Germantown		County Baltimore		MARYLAND	
		Date of death 1903		Month October		Day 30	
		Age 71		Years		Months 11	
		Sex male		Color or Race white		Birth- place Maryland	
		Married, Single or Widowed married		Occupation Farmer			
		Name of Wife or Husband Amanda C. Nelson					
		Father's Name Benj. Garrett		Father's Birthplace Maryland			
Mother's Maiden Name Eliq. Turnbaugh		Mother's Birthplace Maryland					
Name of person giving in formation Gas. B. Lewis		How related to deceased Son-in-law					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Hemiplegia				How long 3 days	
		Immediate " "				How long 3 "	
		Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician Willard Stirling,	
						Address Shaver,	
		Accident or Suicide?				Md.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mrs. Mary Gaebele</i>		Town <i>St. Agnes'</i>		County <i>Baltimore</i>		MAYLAND	
Died at <i>Sanitarium</i>		Month <i>10</i>		Day <i>26</i>		Years <i>49</i>	
Date of death 1903		Month <i>10</i>		Day <i>26</i>		Years <i>49</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Married, Single or Widowed		Occupation <i>Housewife</i>					
Name of wife or Husband <i>Ferdinand Gaebele</i>							
Father's Name		113		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Ferdinand Gaebele</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gall Stones, Then Operation</i>		How long	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. T. Moran M.D.</i>	
		Address <i>St. Agnes' Hospital</i>	
Accident or Suicide?			



Name
in
Full

Thos. J. Gray Jr.

CERTIFICATE OF DEATH

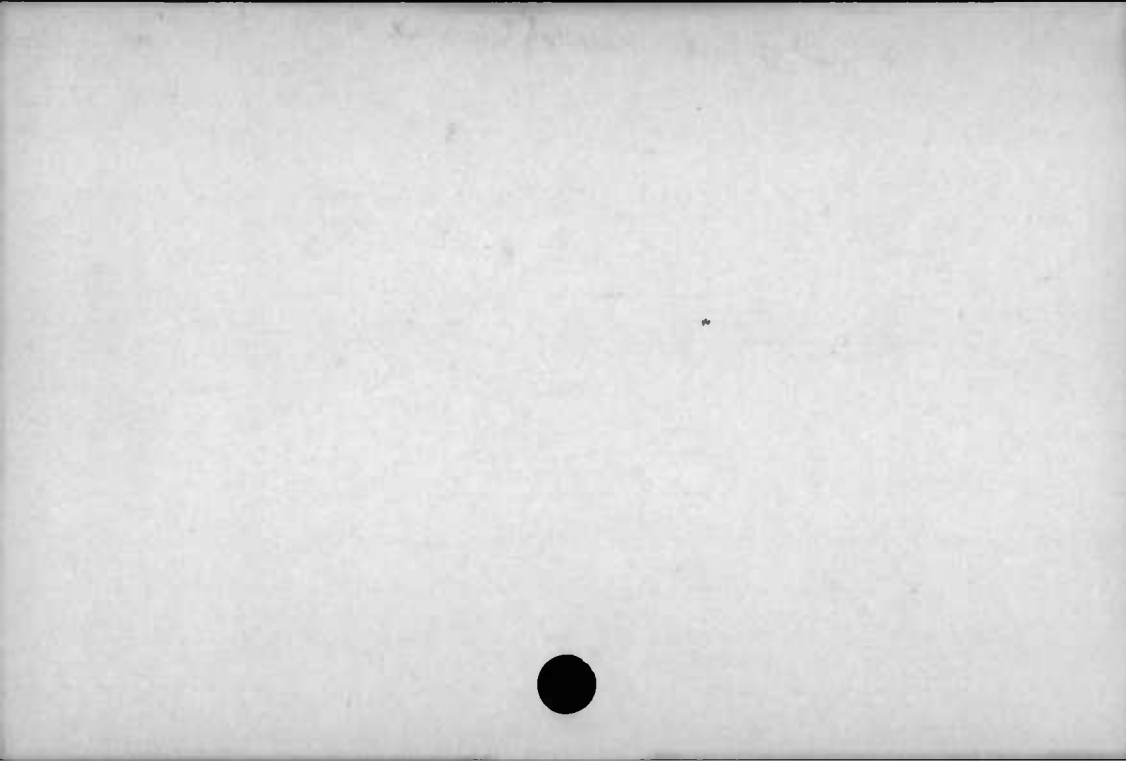
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrisonville</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1903</i>	Month <i>10</i>	Day <i>19</i>	Age <i>70</i>	Years	Months <i>1</i>	Days	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Belmont</i>				
Occupation <i>Cabinet Maker</i>	Where Residing if not at place of death <i>at Harrisonville</i>						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mary Gray</i>						
Father's Name <i>Mr Gray deceased</i>	Father's Birthplace <i>Belmont</i>						
Mother's Maiden Name <i>Mary Obrien deceased</i>	Mother's Birthplace <i>Belmont</i>						
Name of person giving information <i>Thos. J. Gray Jr.</i>	How related to deceased <i>son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>2 days</i>
Immediate <i>Coronary Thrombosis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm S. Bell</i>
	Address <i>Harrisonville</i>
	<i>Wm S</i>
Accident or Suicide?	



Name
in
Full

William Hall Sr

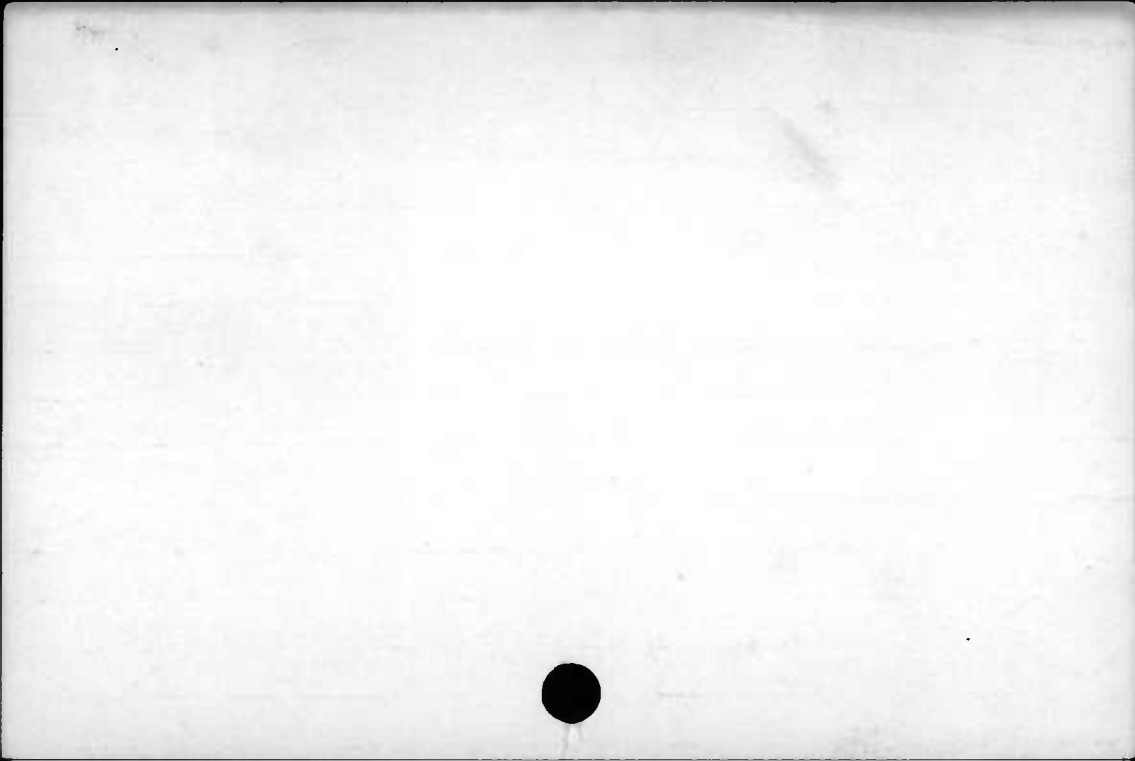
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sunnybrook</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>10</u> <small>Month</small>	<u>7</u> <small>Day</small>	Age <u>92</u> <small>Years</small>	<u>7</u> <small>Months</small>	<u>3</u> <small>Days</small>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore City Md.</u>	
Married, Single or Widowed <u>Widower</u>			Occupation <u>Farmer</u>		
Name of Wife or Husband <u>Margaret Hall</u>					
Father's Name <u>Christopher Hall</u>			Father's Birthplace <u>Lancaster Co. Pennsylvania</u>		
Mother's Maiden Name <u>Susan Croe.</u>			Mother's Birthplace <u>Baltimore City Md.</u>		
Name of person giving information <u>Mary Hall</u>			How related to deceased <u>Daughter</u>		
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary <u>Senility</u>	How long <u>3 years</u>
Immediate <u>Inanition</u>	How long <u>3 weeks.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Frederick Dugdale M.D.</u>
<u>They are</u>	Address <u>Sunnybrook Md.</u>
Accident or Suicide?	



Name
in
Full

Alice A Hammond

CERTIFICATE OF DEATH

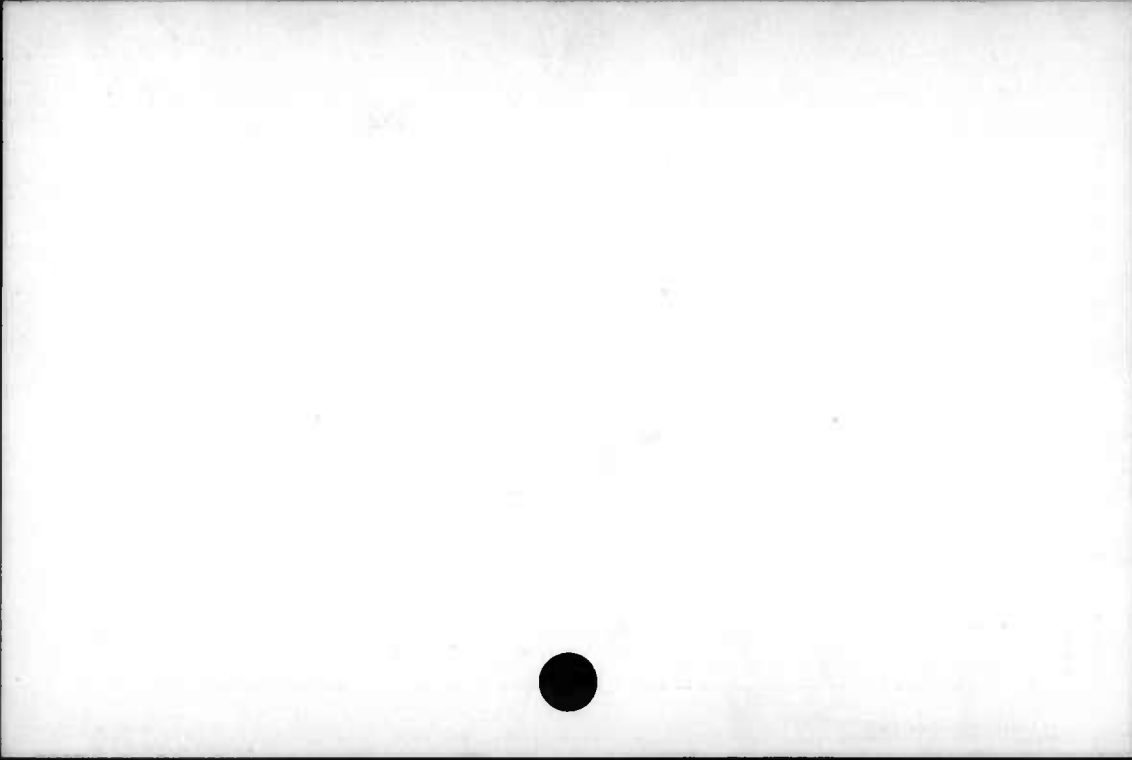
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pleasant Hill		County Baltimore		MARYLAND	
Date of death 190	3	Month Oct	21	Day	Age	Years	Months 1
Sex Female		Color or Race white		Birth- place Batto co md		Days 21	
Married, Single or Widowed Single				Occupation			
Name of Wife or Husband							
Father's Name Robert E Hammond				Father's Birthplace Batto co md			
Mother's Maiden Name Clara M. Griffith				Mother's Birthplace Batto city			
Name of person giving in formation Robert E Hammond				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	One Mon
Immediate	Exhaustion	How long	Threedays
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J M Seade	
		Address Baltimore	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Date of death 1903.		Month	Day	Years	Months	Days
		Sex	Color or Race		Birth- place			
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband		Father's Birthplace				
		Father's Name		Mother's Birthplace				
PHYSICIAN OR CORONER		Mother's Maiden Name		How related to deceased		106		
		Name of person giving In formation		106				
		Name of person giving In formation		106				
		Name of person giving In formation		106				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		How long		How long		
		Immediate		How long		How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
		Accident or Suicide?		Address		Address		

John J Fahy

Undertaker

1232 William St

Name In Full

Certificate of Death

Leona M. Harmon

Town

County

Died at

Potomac Washington

Balt

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

10

21

Age

7.8.

Md

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Jas T Harmon

Mother's

Maiden Name

Mary Cross

Cause of

Primary

dysentheria

How long sick

10 days

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

A. H. Beeton Md

Address

Potomac Washington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wm C Brooks

Interment Burly

Cemetery. Built to

and

Name
in
Full

CERTIFICATE OF DEATH

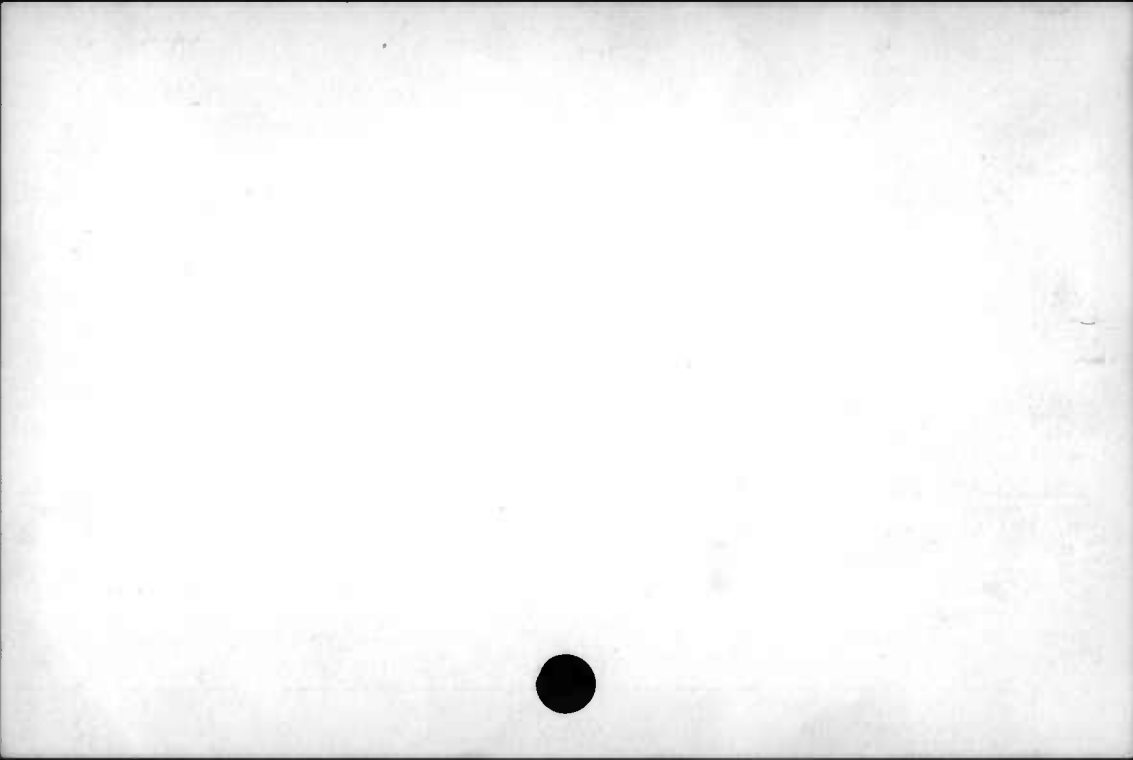
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Louisa Stoppel</i>		Town <i>Gardenville</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Gardenville</i>		Date of death 190 <i>3</i>		Month <i>Oct.</i>		Day <i>25</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Age <i>40</i>		Months <i>6</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Blacksmith</i>		Birth-place <i>Balto P.</i>		Days <i>16</i>	
Name of Wife or Husband <i>Martha Stoppel</i>		Father's Name <i>Joseph Stoppel</i>		Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Henrietta Sauer</i>		Name of person giving information <i>Henrietta D Schick</i>		How related to deceased <i>Sister</i>		27	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute bronchitis</i>	How long <i>About 1 year</i>
Immediate <i>Phthisis</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. D. Corcoran</i>
	Address <i>Gardenville</i>
	<i>Balto P. Md.</i>
Accident or Suicide?	



Name
in
Full

Hanah M. Hoffman

CERTIFICATE OF DEATH

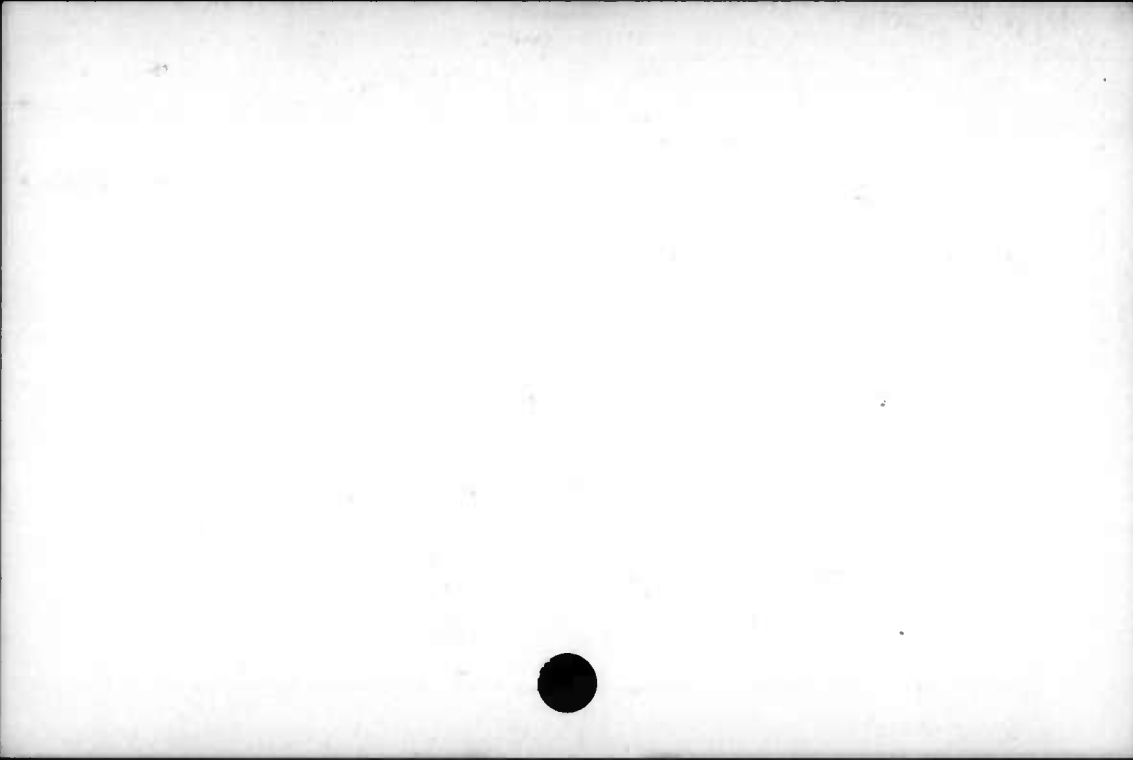
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westport</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Oct</i> ^{Month}	<i>10</i> ^{Day}	Age <i>10</i> ^{Years}	<i>1</i> ^{Months}	<i>20</i> ^{Days}
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>Balt. Co. Md.</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>School girl</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Geo. W. Hoffman</i>			Father's Birthplace <i>York, Pa.</i>		
Mother's Maiden Name <i>Barbara A. Hochstein</i>			Mother's Birthplace <i>Balt. Co. Md.</i>		
Name of person giving information <i>Barbara A. Hoffman</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>18 days</i>
Immediate <i>Intestinal Hemorrhage</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank H. Ruhl</i>
	Address <i>Pansdowne - Md.</i>
<u>Accident or Suicide?</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Hoffmister</i>		Town <i>Leaves Farm</i>		County <i>Baltimore</i>		MARYLAND									
Died at <i>Leaves Farm</i>		Date of death 1903		Month <i>Oct</i>		Day <i>10</i>		Age <i>64</i>		Years		Months		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>											
Married, Single or Widowed <i>widower</i>		Occupation <i>Day laborer</i>													
Name of Wife or Husband <i>Catherine Hoffmister</i>															
Father's Name		Father's Birthplace													
Mother's Maiden Name		Mother's Birthplace													
Name of person giving information <i>John Hoffmister</i>		How related to deceased <i>Son</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>79 years</i>
Immediate <i>Heart Disease</i>	How long <i>Two years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Campbell</i>
	Address <i>Carrig's Mills Md</i>
Accident or Suicide?	



Name
in
Full

William C. Hoskins

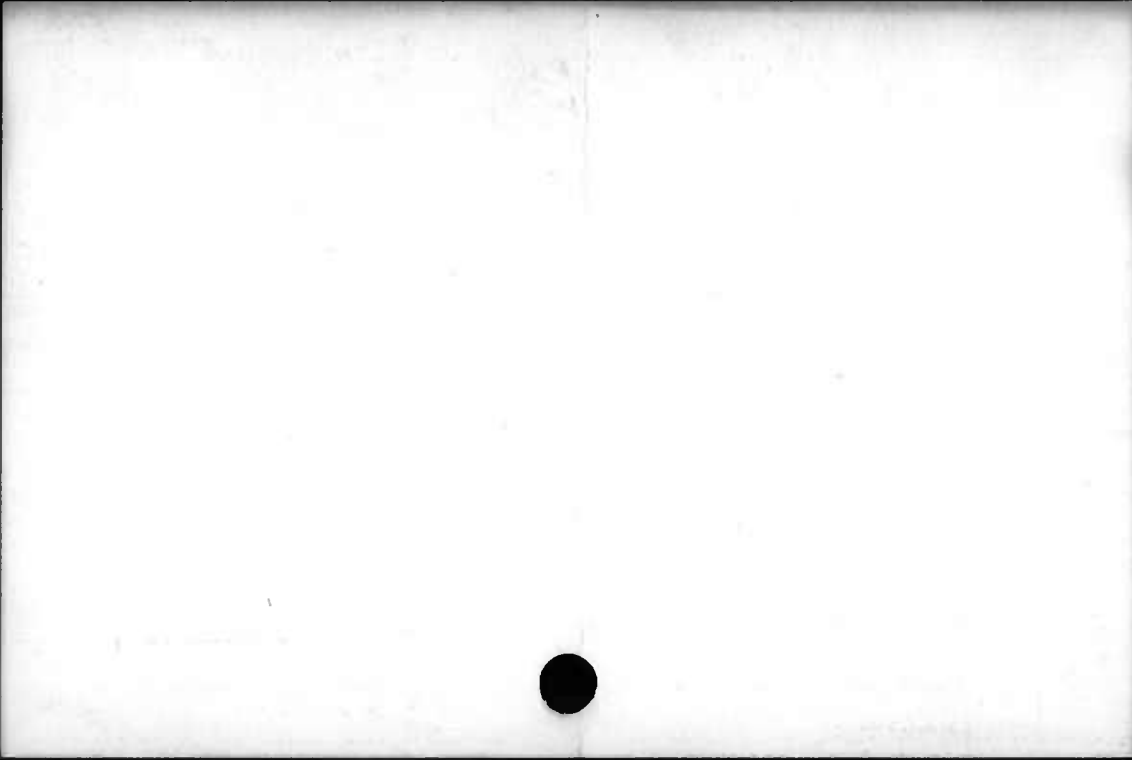
74
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fork</u> Town		<u>Balto</u> County		MARYLAND	
Date of death <u>1903</u> <u>Oct.</u> Month		<u>14</u> Day	Age <u>84</u> Years	<u>—</u> Months	<u>—</u> Days
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Harford Co</u>		
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>at Fork, Ont.</u>			
Married, Single or Widowed		Name of Wife or Husband <u>A. B. Hoskins</u>			
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving Information <u>E. A. Benson</u>			How related to deceased <u>Nephew</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Brain disease</u>	How long <u>2 years</u>
Immediate <u>Heart failure</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Mr. S. Green</u>
	Address <u>Sittings, Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Mary Emma Jeffries

CERTIFICATE OF DEATH

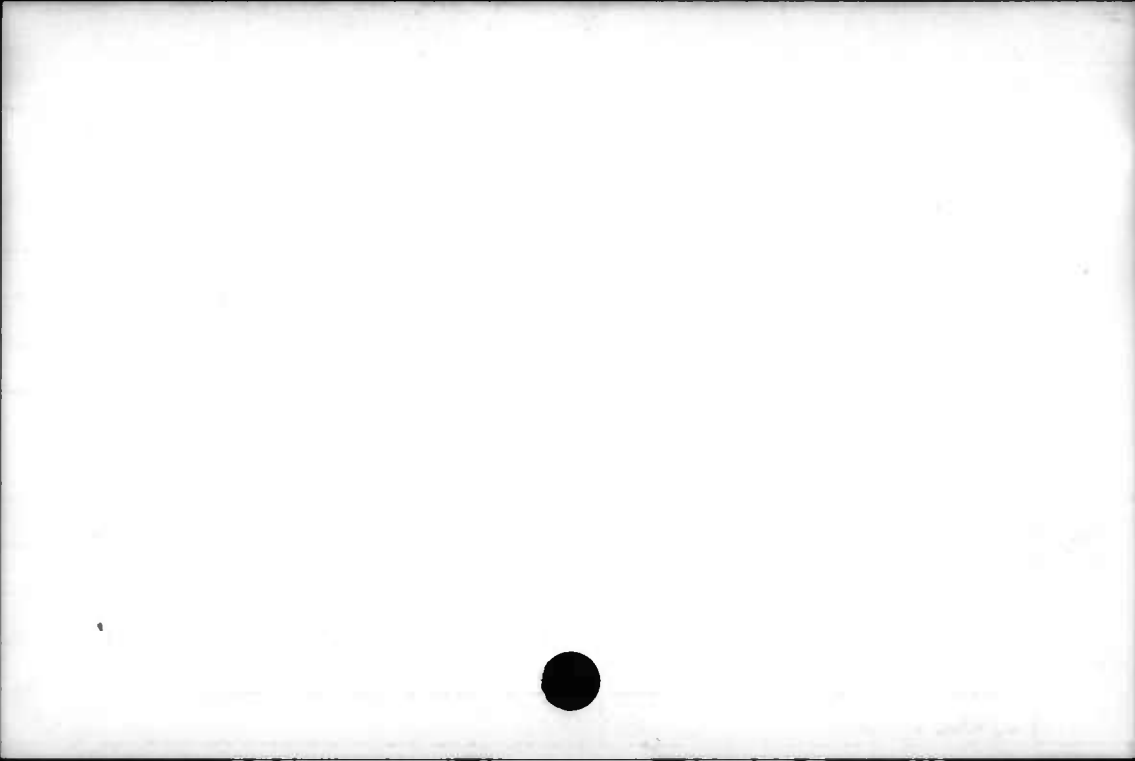
Died at <i>Spanow's Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	Month <i>Oct.</i>	Day <i>21</i>	Age <i>38</i>	Months <i>9</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Henry Jeffries</i>					
Father's Name <i>Samuel A. Smith</i>			Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>Florence V. Smith</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Florence V. Smith</i>			How related to deceased <i>Mother</i>		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <i>Typhoid Fever complicated pneumonia</i>	How long <i>29 days</i>
Immediate <i>Asphyxia</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. R. Hodges M. D.,</i>
	Address <i>Spanow's Point,</i>
	<i>Maryland.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

03

10 22

Age

7 21

Texas

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

about 2 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

To be buried
at Fools Chop
Oct-23rd 1903

Name
in
Full

Helen Josephine Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bear</i>		County <i>Bear</i>		MARYLAND	
Date of death 1903	Month <i>Oct</i>	Day <i>20</i>	Age	Years <i>—</i>	Months <i>5</i>	Days <i>27</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>md</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>James P Jones</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Emily E. Parr</i>				Mother's Birthplace <i>md —</i>			
Name of person giving In formation <i>Emily E. Jones</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Congestion Throat —</i>	How long	<i>5 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John W. Starnes md</i>	
		Address <i>Middle River md</i>	
Accident or Suicide?			
<i>md</i>			



Name
in
Full

CERTIFICATE OF DEATH

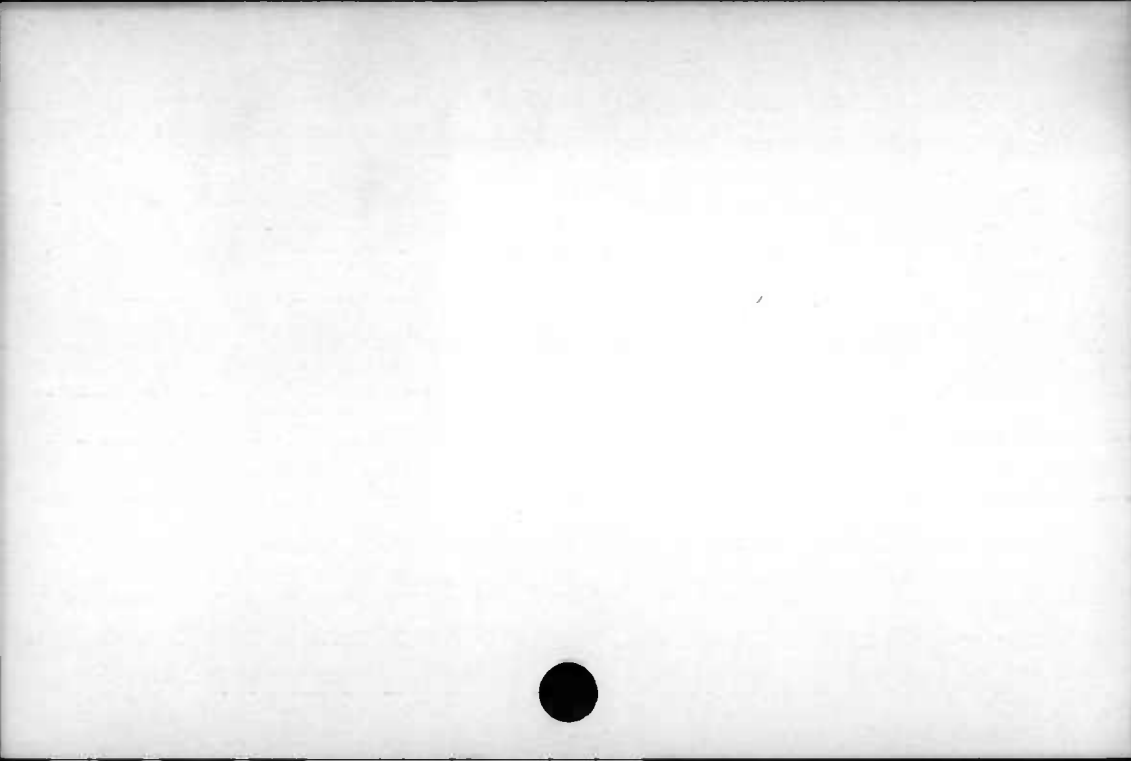
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calonsville</i> ^{Town}		<i>Bullo</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>Oct</i>	Day	<i>19</i>
Age	<i>60</i>	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Virginia</i>
Married, Single or Widowed	<i>Married</i>	Occupation	<i>School teacher</i>		
Name of Wife or Husband	<i>X</i>				
Father's Name	<i>X</i>				
Mother's Maiden Name	<i>X</i>				
Name of person giving Information	<i>X</i>				
		<i>154</i>		Father's Birthplace	<i>X</i>
				Mother's Birthplace	<i>X</i>
				How related to deceased	<i>X</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Dementia</i>	How long	<i>9 mos.</i>
Immediate	<i>& exhaustion</i>	How long	<i>1 mos.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Grey Wade</i>
	<i>no</i>	Address	<i>Calonsville, Md</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Archbishop John J. Kain* Town *St. Agnes' Sanitarium* County *Baltimore* MARYLAND

Died at *St. Agnes' Sanitarium*

Date of death 1903, Month *10*, Day *13*, Age *62* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Virginia*

Married, Single or Widowed *X* Occupation *Clerical*

Name of Wife or Husband *X*

Father's Name *Joseph Kain* 64 Father's Birthplace

Mother's Maiden Name *Ellen Kain* 64 Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *General arteriosclerosis* How long

Immediate *Cerebral hemorrhage* How long

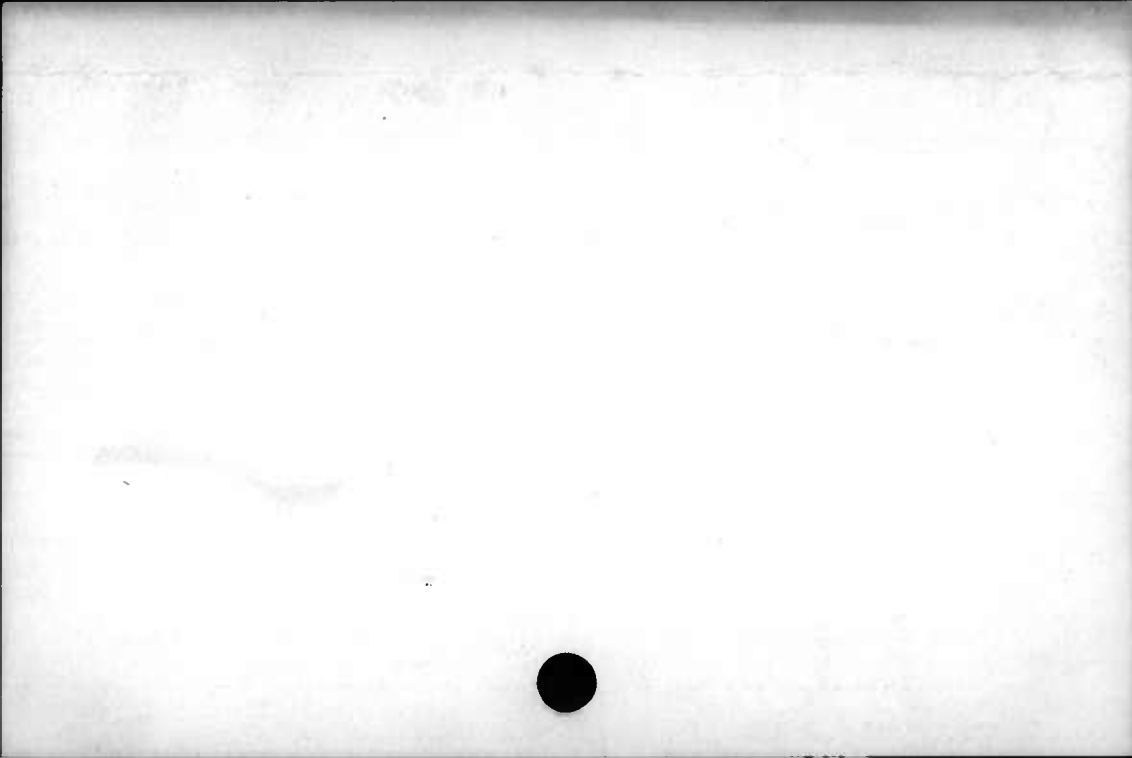
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J. T. Mara M.D.
St. Agnes Sanitarium
Balt. Md.



Name in Full

Certificate of Death

Mr. M. Kelly

Died at *Spinnis Point, Balt.*

MARYLAND

Date *1907* *Oct. 13th* Month *Oct.* Day *13th* Y. *18* M. *4* D. *4* Native of *Ind* Occupation *None*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Number of children living *5*

Husband of

Father's Name *Mr. M. Kelly*Mother's Name *Catherine Fitzgerald*Cause of Death { Primary *Malinaria*How long sick *4 wks.*Death { Immediate *Malinaria*~~Accident, Suicide, Homicide~~

Reported by

F. G. Edward M. D.

Address

Spinnis Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Beavertown</i>		Town <i>Beavertown</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>10</i>		Day <i>20</i>		Age <i>75</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife Husband <i>Luigi E. McMurray</i>					
Father's Name		164		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fracture of femur</i>		How long <i>2 weeks</i>	
Immediate <i>Infirmary incident to old age</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. C. Bussey.</i>	
		Address <i>Texas, Mel.</i>	
Accident or Suicide?			

~~7~~ Be Buried by
Ensor & Prier
at St Josephs Zepos

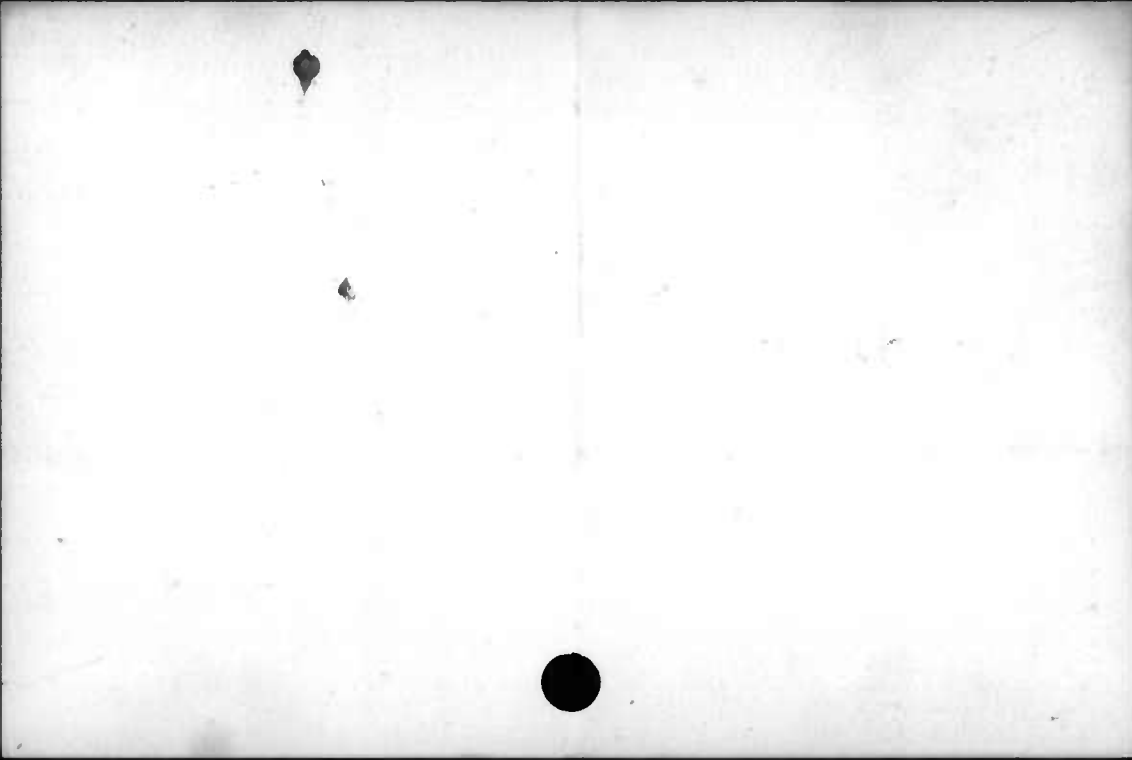
Name
in
Full67
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sunnybrook</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct.</i>	Day <i>12</i>	Age <i>92</i>	Months <i>5</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Chester Co. Pa.</i>		
Married, Single or Widowed <i>Widower</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband _____					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Isaac H. King</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long _____
Immediate <i>"</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>J. H. Green</i>
	Address <i>Gittings</i>
	<i>Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Robert E Kirk

CERTIFICATE OF DEATH

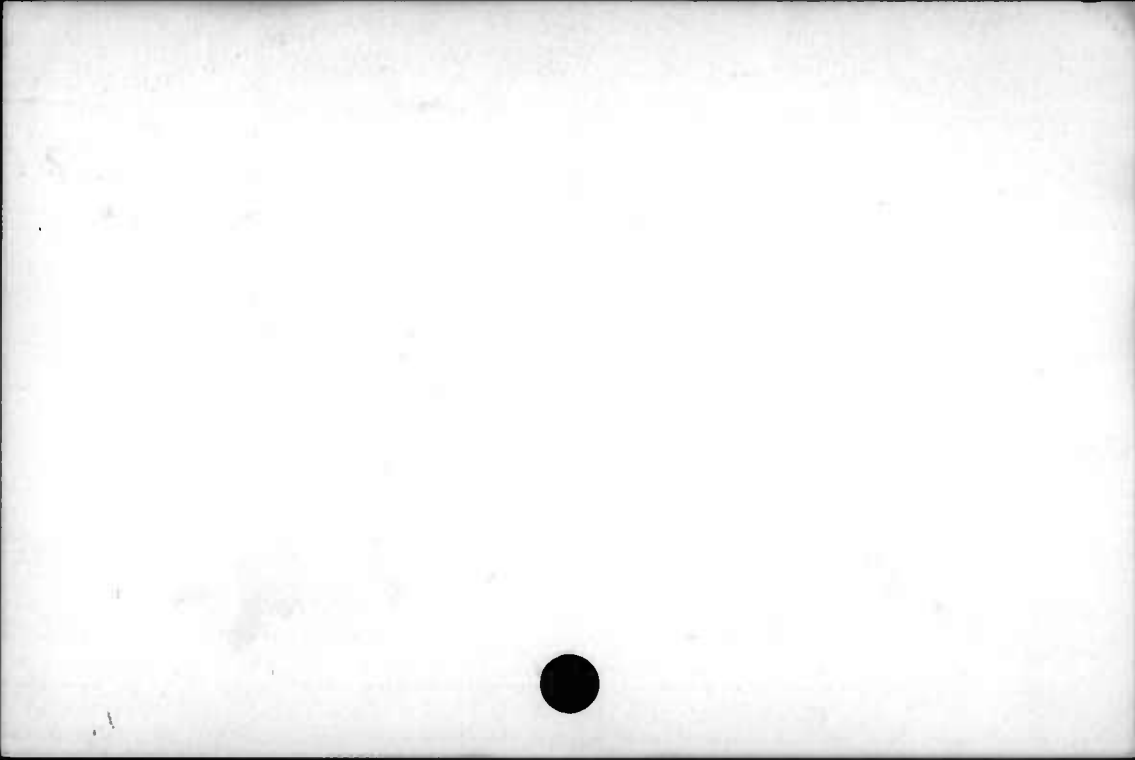
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Govanstown		County Baltimore		MARYLAND	
Date of death 1903		Month Oct.	Day 16	Age 67		Months 10	Days 27
Sex Male		Color or Race White		Birth- place Baltimore Md			
Married, Single Widowed Married				Occupation Retired			
Name of Wife Widowed Annie T. E Kirk							
Father's Name Robert S Kirk				Father's Birthplace Pennsylvania			
Mother's Maiden Name Not Known				Mother's Birthplace Pennsylvania			
Name of person giving Information Samuel E Kirk				How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of intestines (operation of Colotomy) done about 3 yrs. ago	How long	3 1/2 years
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. A. Hartman	
Address		1121 1/2 Caroline St.	
Accident or Suicide?			



Name
in
Full

Not Christened

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carney P. O.</i>			County <i>Balto</i>			MARYLAND		
Date of death 190 <i>3</i>	Month <i>Oct.</i>	Day <i>26</i>	Age Years	Months	Days <i>1</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Abou</i>				
Married, Single or Widowed			Occupation					
Name of Wife or Husband								
Father's Name <i>Am John W. Klass</i>				Father's Birthplace <i>Balto. Md.</i>				
Mother's Maiden Name <i>Isla C. Zeigensheim</i>				Mother's Birthplace <i>" "</i>				
Name of person giving In formation <i>Father</i>				How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Syncope.</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date end place correctly given above?		Signature of Physician <i>Lingard DeWittford</i>	
		Address <i>Purcellville, Md.</i>	
Accident or Suicide?			



Name
in
Full

Adolph Klingelhofen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrisonville</i>		Town <i>Baldwin</i>		County		MARYLAND	
Date of death <i>1903</i>	Month <i>10</i>	Day <i>17</i>	Age <i>58</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>				
Occupation <i>farmer</i>	Where Residing if not at place of death <i>at place of death</i>						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mary Klingelhofen</i>						
Father's Name <i>Deceased</i>	Father's Birthplace <i>—</i>						
Mother's Maiden Name <i>Deceased</i>	Mother's Birthplace <i>—</i>						
Name of person giving information <i>Mary Klingelhofen</i>	How related to deceased <i>wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Heart Disease</i>	How long <i>64 yrs.</i>
Immediate <i>Heart failure</i>	How long <i>sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jno E Bolt</i>
	Address <i>Harrisonville</i>
Accident or Suicide? <i>—</i>	<i>Md.</i>



Name
in
Full

Elizabeth Krach

CERTIFICATE OF DEATH

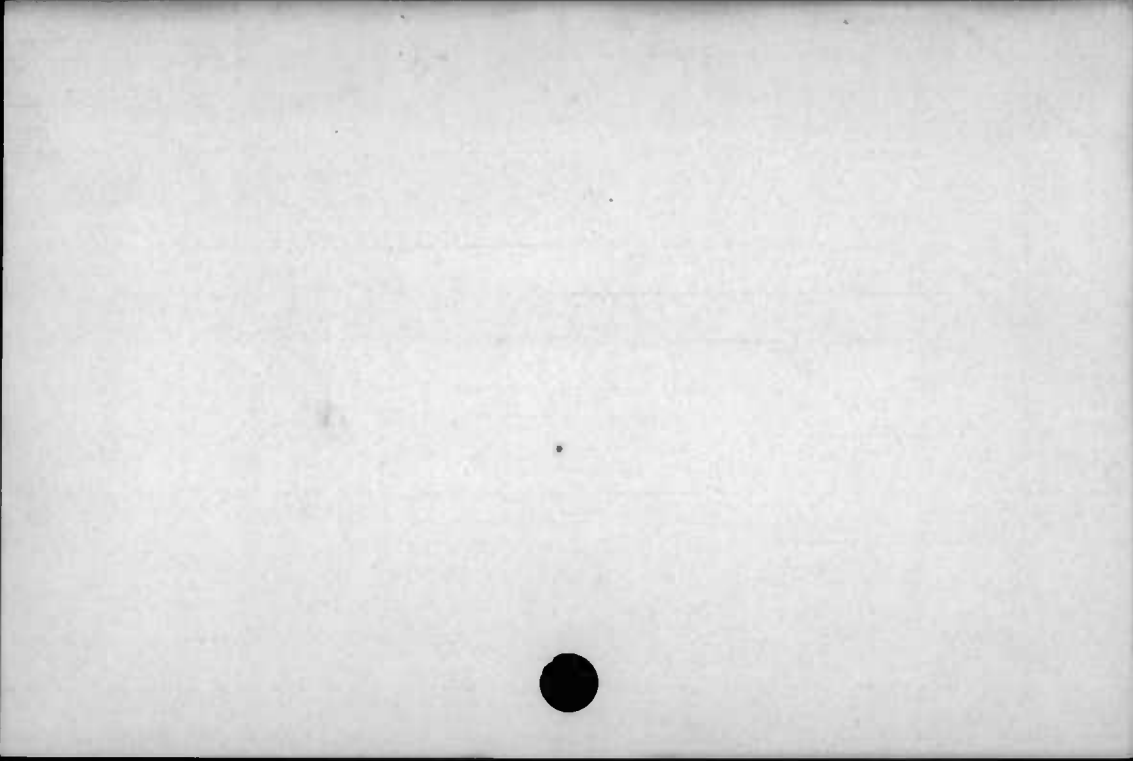
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1903	Month <i>Oct.</i>	Day	Age <i>28</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jno P. Krach</i>					
Father's Name				Father's Birthplace <i>10/10/03</i>			
Mother's Maiden Name				Mother's Birthplace <i>03</i>			
Name of person giving information <i>Baltimore Co. Democrat</i>				How related to deceased			

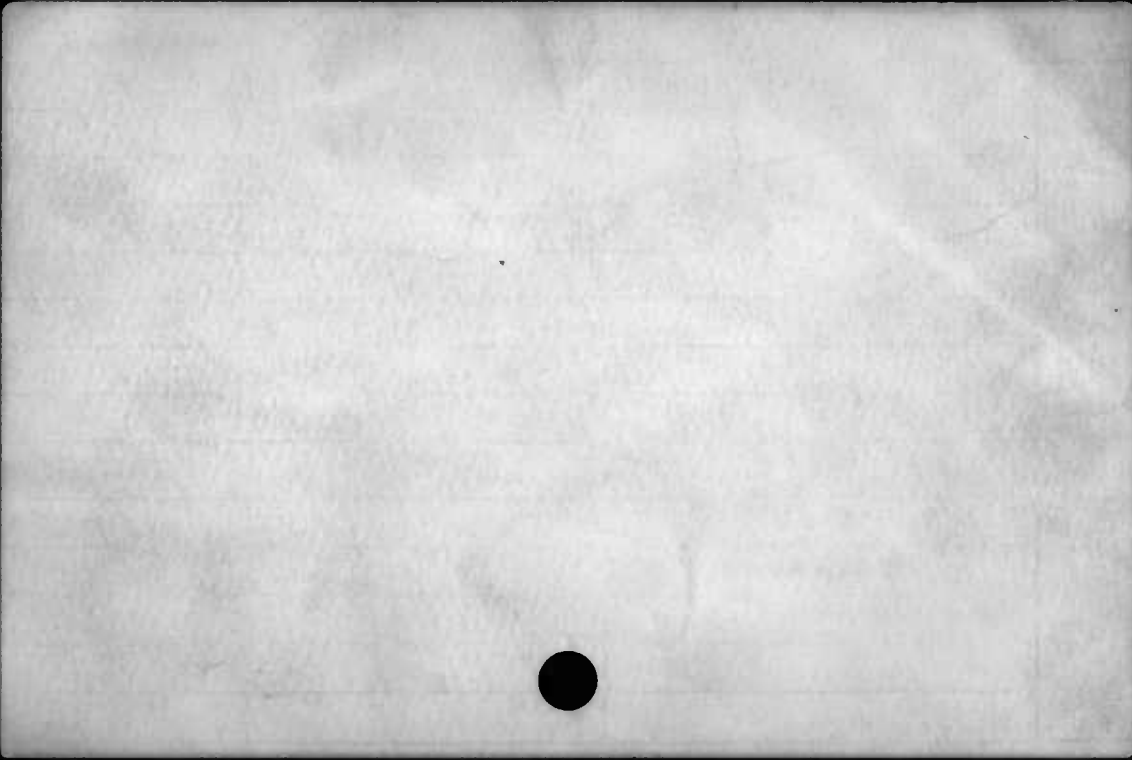
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>179</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name in Full Michael Krisman		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Easton	Town Balto.	County
	Date of death 403 Oct. 31.		Age 24
	Sex male	Color or Race White	Birth-place Austria
	Married, Single or Widowed single	Occupation butcher	
	Name of Wife or Husband ---		
	Father's Name Isidor Krisman	Father's Birthplace Austria	
	Mother's Maiden Name Katie Doliner	Mother's Birthplace 2	
Name of person giving information Isidor Krisman	How related to deceased father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Influenza	How long 1	
	Immediate Pulmonary Tuberculosis	How long about 8 months	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. A. Schreiber M.D.	
		Address 1013 Easton St.	
	Accident or Suicide? ---		



Name
in
Full

Elizabeth Krach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hamletton P. O.</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>October</i>	Day <i>6</i>	Age Years <i>28</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Lansville Balt. Co.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>John P. Krach</i>					
Father's Name <i>J. Fred. Neidhardt</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Sophia Reuter</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Wm. P. Krach</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typho-Malarial Fever - ^{complicated by} Heart</i>	How long <i>about 4 days</i>
Immediate <i>Failure of vital forces.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Lingard Holteford</i>
<i>Yes</i>	Address <i>Persville, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Calentaville</i>		County <i>Balto.</i>		MARYLAND	
Date of death 190		3	Month	12	Day	62	Years
Sex		<i>Male</i>		Color or Race		<i>white</i>	
Married, Single or Widowed		<i>Single</i>		Occupation		<i>carpenter</i>	
Name of Wife or Husband		<i>X</i>		Birth-place		<i>Maryland</i>	
Father's Name		<i>X</i>		Father's Birthplace		<i>X</i>	
Mother's Maiden Name		<i>X</i>		Mother's Birthplace		<i>X</i>	
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Severe Melancholia</i>	How long	<i>4 mos -</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Gray Wade</i>	
		Address	
		<i>Calentaville Md</i>	
Accident or Suicide?			
<i>No.</i>			



Name
in
Full

Margaretha Leonhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Baltimore		MARYLAND	
Date of death 1903	Month Oct	Day 3 rd	Age	Years 37	Months	Days 6	
Sex	Female		Color or Race	White		Birth- place	Germany
Married, Single or Widowed	Married			Occupation			Housewife
Name of Wife or Husband	Frederick Leonhardt						
Father's Name	John George Raab					Father's Birthplace	Germany
Mother's Maiden Name	Kunigunda Pickel					Mother's Birthplace	Germany
Name of person giving Information	Mary Raab					How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Metritis & Pyosalpinx		How long	—
Immediate	Peritonitis		How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Albertus Cotton
			Address	1828 E. Balt St Baltimore
Accident or Suicide?		No		

Sacred Heart Cemetery

Oct. 5th 1903

Germanus France

Underlain

Name
in
Full

Annie Levin -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>mt Hope Retreat</i>		<i>Baltimore</i>		TOWN		COUNTY		MARYLAND	
Date of death <i>1903 Oct 29</i>		Age <i>20</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Russia -</i>					
Occupation				Where Residing if not at place of death <i>1135 E. Balto St Balto</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband							
Father's Name				68		Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving Information <i>Reeds Mt Hope</i>						How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mania Acute</i>		How long <i>abt 10 days</i>	
Immediate <i>Ex</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank J. Flannery</i>	
		Address <i>mt Hope Retreat Baltimore Md -</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Frederick Peter Link		Town Catonsville		County Baltimore		State MARYLAND	
Died at		Date of death		Age		Months	
		1903 Oct 1		67		8	
Sex male		Color or Race white		Birthplace Germany			
Occupation Quarryman		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife or Husband Mary Link					
Father's Name Peter Link		Father's Birthplace Germany					
Mother's Maiden Name Margaret Krebs		Mother's Birthplace "					
Name of person giving Information Catherine Hahn		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Interstitial Nephritis	How long 4 yrs
Immediate Uraemia	How long 4 weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Charles L. Maltzoff
	Address Catonsville Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Powhatan</i> <small>Town</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>	<i>Oct.</i> <small>Month</small>	<i>2</i> <small>Day</small>	Age <i>84</i> <small>Years</small>	<i>0</i> <small>Months</small>	<i>0</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>England</i>		
Occupation <i>Retired Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>		154	
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>Not Known</i>		15	
Name of person giving Information <i>Joe Hemmick</i>			How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long
Immediate <i>Acute Indigestion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Hodge</i>
	Address <i>Forest Park</i>
	<i>Balto</i>
Accident or Suicide?	

M. Olive

A S Marshall

3539 Fall Road

Name in Full

Certificate of Death

Name in Full *Annis Fynn*
 Town *Granite* County *Baltimore*
 Died at *Granite* *Baltimore* MARYLAND
 Date 19*03* *Oct 8* Month *Oct* Day *8*
 Age *About 80 yrs* Y. *Ind* M. *Ind* D. *Ind*
 Occupation *none*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female *Colored* *Single* ~~Widower~~ Number of children living *2*
 Husband of *John Fynn deceased*
 Wife *John Fynn deceased*
 Father's Name *John Fynn* Mother's Name *Annis Wells*
 Cause of Death { Primary *apoplexy* How long sick *4 days*
 Immediate *Paralysis of Brain* ~~Accident~~ ~~Suicide~~ ~~Homicide~~
 Reported by *A. J. Shipley and*
 Address *Granite*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

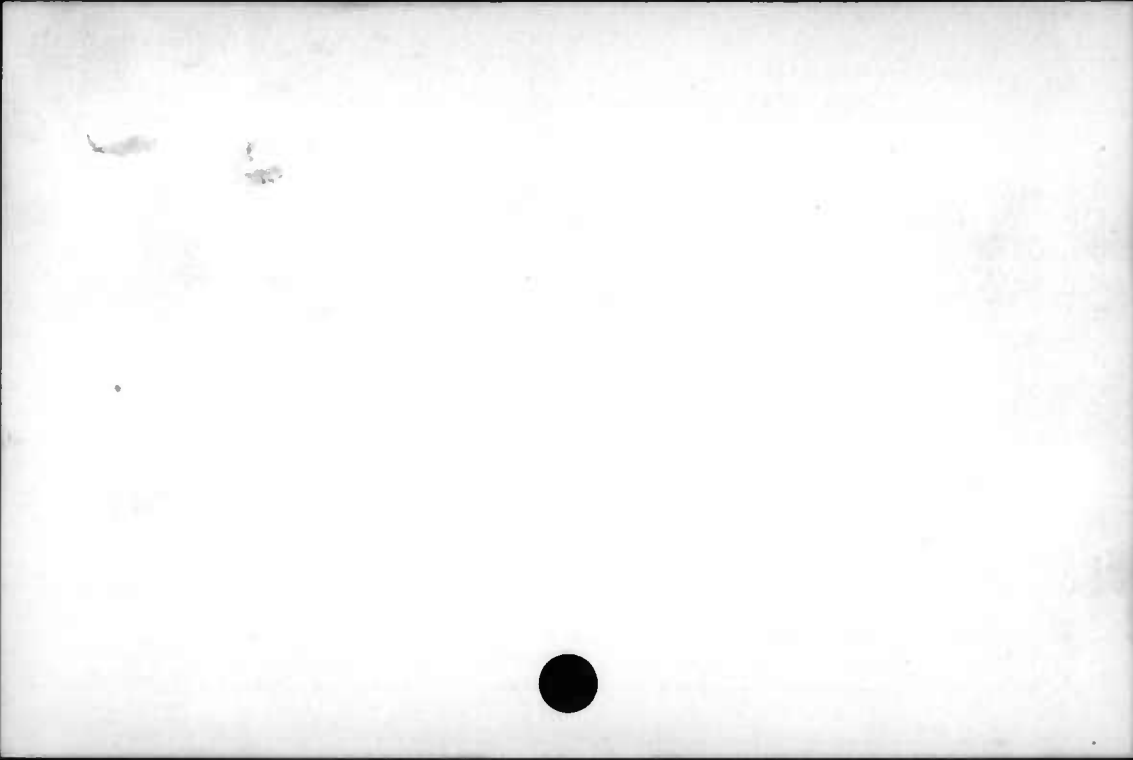
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sister Teresa M. Faust</i>		Town <i>St. Agnes' Hospital</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>St. Agnes' Hospital</i>		Month <i>X</i>		Day <i>XII</i>		Age <i>62</i>	
Date of death 190 <i>3</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore, Md.</i>			
Married, Single or Widowed <i>X</i>				Occupation <i>Religious</i>			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Endocarditis</i>		How long	
Immediate <i>Acute Dilatation</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thomas W. Keown M.D.</i>	
		Address <i>1930 Linden Ave.</i>	
		<i>Per S. J.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Dr. Mary Magladini St. Yurie

Died at

Town

County

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Oct. 1st

Age 53.

Washington D.C. Dr. Mary

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Tub. Tuberculosis

How long sick

12 years.

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

Address

William J. Todd

Mt. Washington Ad.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 73228



Name
in
Full

CERTIFICATE OF DEATH

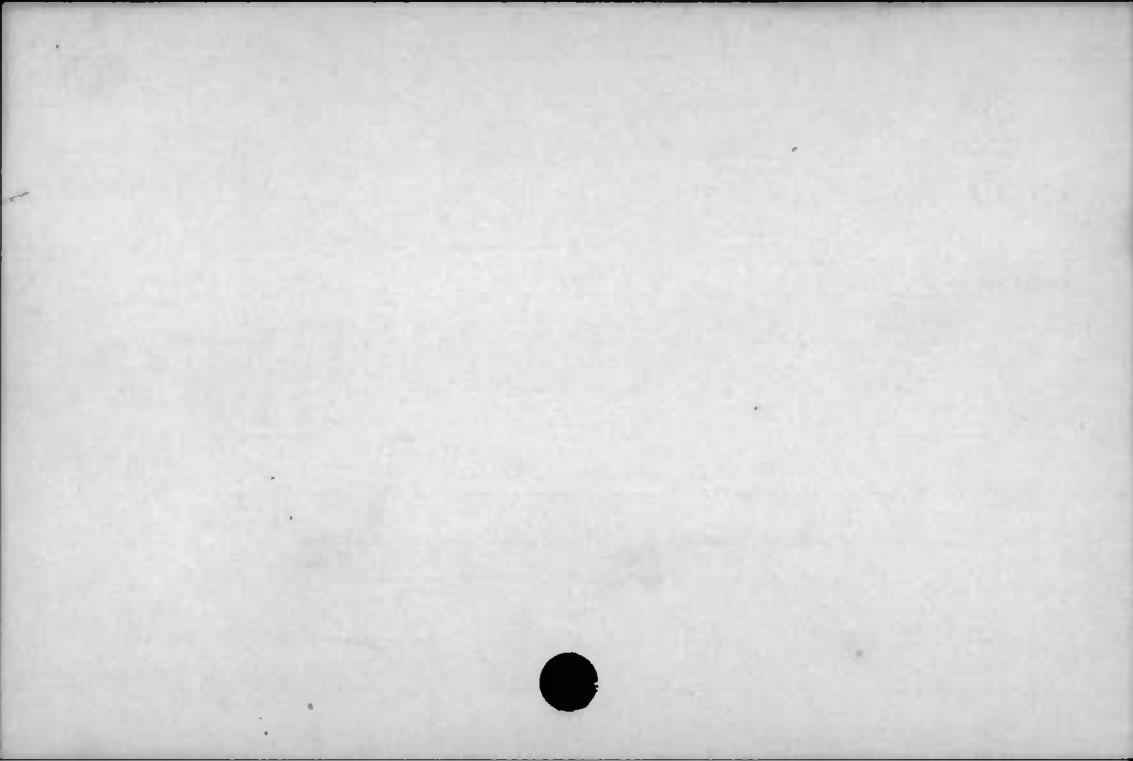
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Virginia S. Marley</i>			Town <i>Govanstown</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death		Month	Day	Years	Months	Days
		<i>1903</i>		<i>October</i>	<i>27</i>	<i>43</i>	<i>11</i>	<i>3</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>				
Occupation <i>-----</i>				Where Residing if not at place of death <i>167. Magnolia Ave. Jersey City</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Crawford Marley</i>						
Father's Name <i>Robert S. Beauchamp</i>		Father's Birthplace <i>State of Maryland</i>						
Mother's Maiden Name <i>Mulliken</i>		Mother's Birthplace <i>Baltimore Md</i>						
Name of person giving information <i>Crawford Marley</i>		How related to deceased <i>Husband</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>Chronic -</i>
Immediate <i>Exhaustion</i>	How long <i>3 wks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo H. Hoobing</i>
	Address <i>Govome, Sta H. Balt Md.</i>
Accident or Suicide?	



Name
in
Full

Mrs. Mary Martin

CERTIFICATE OF DEATH

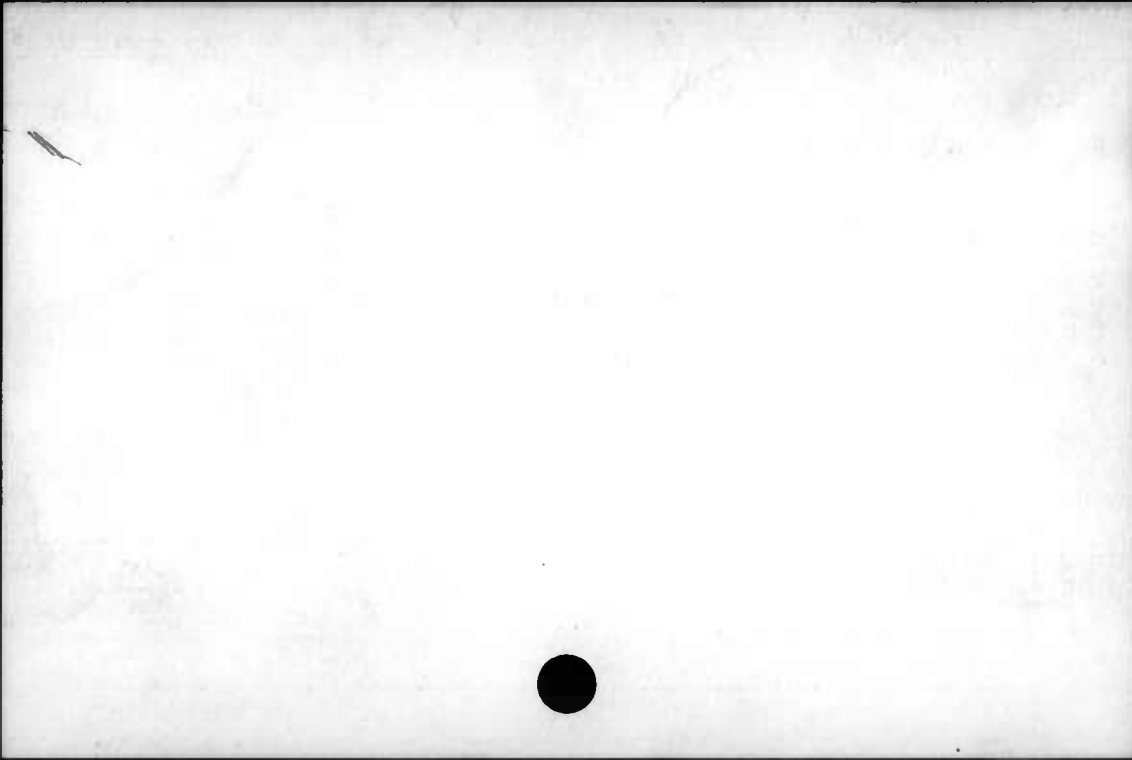
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
St. Agnes Hospital				Baltimore			
Date	Month	Day	Age	Years	Months	Days	
of death 1903,	10	31		30			
Sex	Female		Color or Race	White		Birth-place	Baltimore
Married, Single or Widowed			Occupation				None
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		J. T. Marx M.D.
		Address
		St. Agnes Hospital
Accident or Suicide?		



Name

in
Full

Elizabeth P. Mepham

CERTIFICATE OF DEATH

Town

County

Baltimore

MARYLAND

Died at

Date

of death 1903

Month

Oct

Day

7

Years

66

Age

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName or Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

The Balt O Union

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

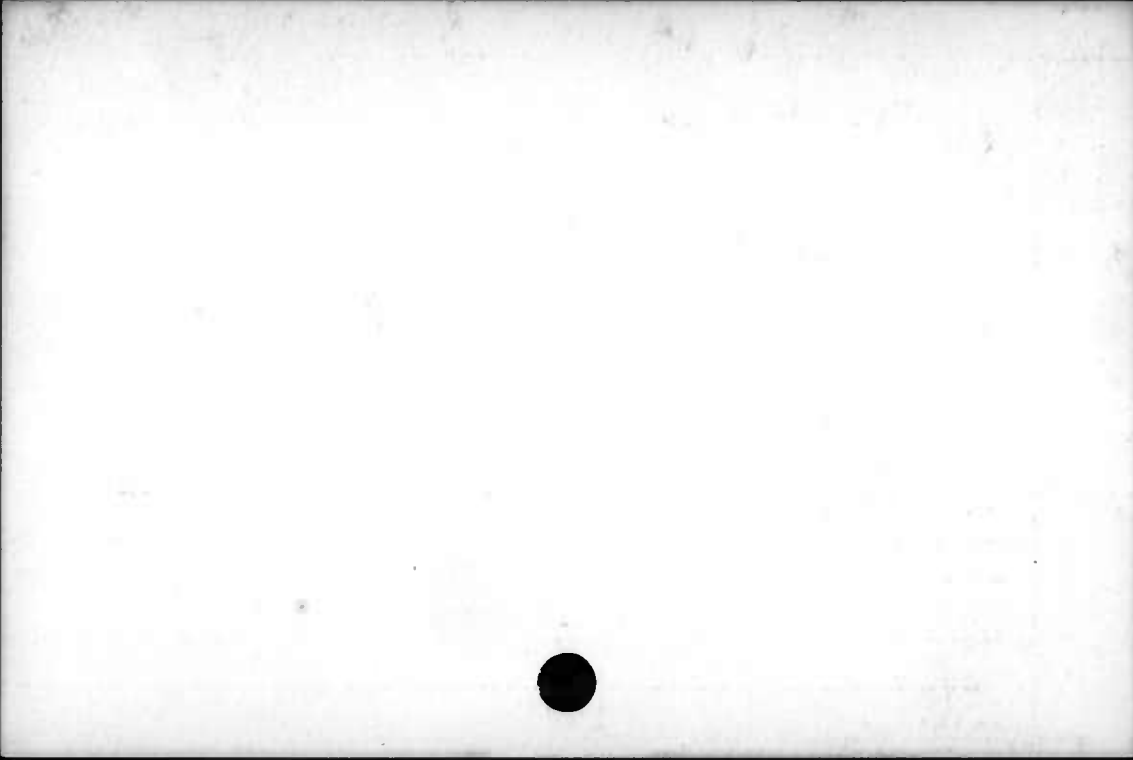
Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full <i>Mary Myers</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Gardenville</i> ^{Town}	<i>Balto.</i> ^{County}	MARYLAND
	Date of death 190 <i>Oct.</i> ^{Month}	<i>27</i> ^{Day}	<i>19</i> ^{Years}
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto. City</i>
	Married, Single or Widowed <i>Single</i>	Occupation <i>none</i>	
	Name of Wife or Husband		
	Father's Name <i>August Myers</i>	Father's Birthplace <i>Ind.</i>	
	Mother's Maiden Name <i>Catherine McCamley</i>	Mother's Birthplace <i>IL</i>	
	Name of person giving information <i>Father</i>	How related to deceased	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Pulmonary Phthisis</i>	How long <i>9 months.</i>	
	Immediate <i>Exhaustion</i>	How long	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. F. Coase.</i>	
		Address <i>Gardenville</i>	
	Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Golden</u> Town <u>Baltimore</u> County		MARYLAND							
Date of death 190	3	Oct. 11	Sunday	Age	32	Months	7	Days	11
Sex	Male		Color or Race	White		Birth-place	Philadelphia		
Married, Single or Widowed	Married		Occupation	Cigar maker					
Name of Wife or Husband	Katie P. Miller								
Father's Name	August Miller					Father's Birthplace	Germany		
Mother's Maiden Name	Mary Smith					Mother's Birthplace	—		
Name of person giving Information	Katie P. Miller					How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Catarrah of Stomach	How long	one month
Immediate	acute Indigestion	How long	two hours
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. C. Gless, M.D.
		Address	STATION H, (GOVANS), BALTIMORE, MD.
Accident or Suicide?			

Western Cem
Baltimore City

Dr Rich
Fowson

Name in Full		Edward Moale Jr.				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Catonsville		County Baltimore		MARYLAND			
	Date of death 190	3	Month Oct.	Day 23	Age	Years 37	Months 1 Days 13		
	Sex	male		Color or Race	white		Birth- place	Little Rock Ark.	
	Married, Single or Widowed	married			Occupation			Naval Officer	
	Name of Wife or Husband	Adria M. Temple Moale							
	Father's Name	Edward Moale			68			Father's Birthplace	Baltimore Md.
	Mother's Maiden Name	Jeanie Wolain			Mother's Birthplace			Baltimore Md.	
Name of person giving In formation	Adria Moale			How related to deceased			wife		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Melancholia				How long	several months		
	Immediate	Exhaustion from melancholia				How long	about 3 weeks		
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		Richard F. Emory M.D.		
					Address		Catonsville Md.		
Accident or Suicide?									

Dr Patterson.

Name
in
Full

Carandra C. Monk

CERTIFICATE OF DEATH

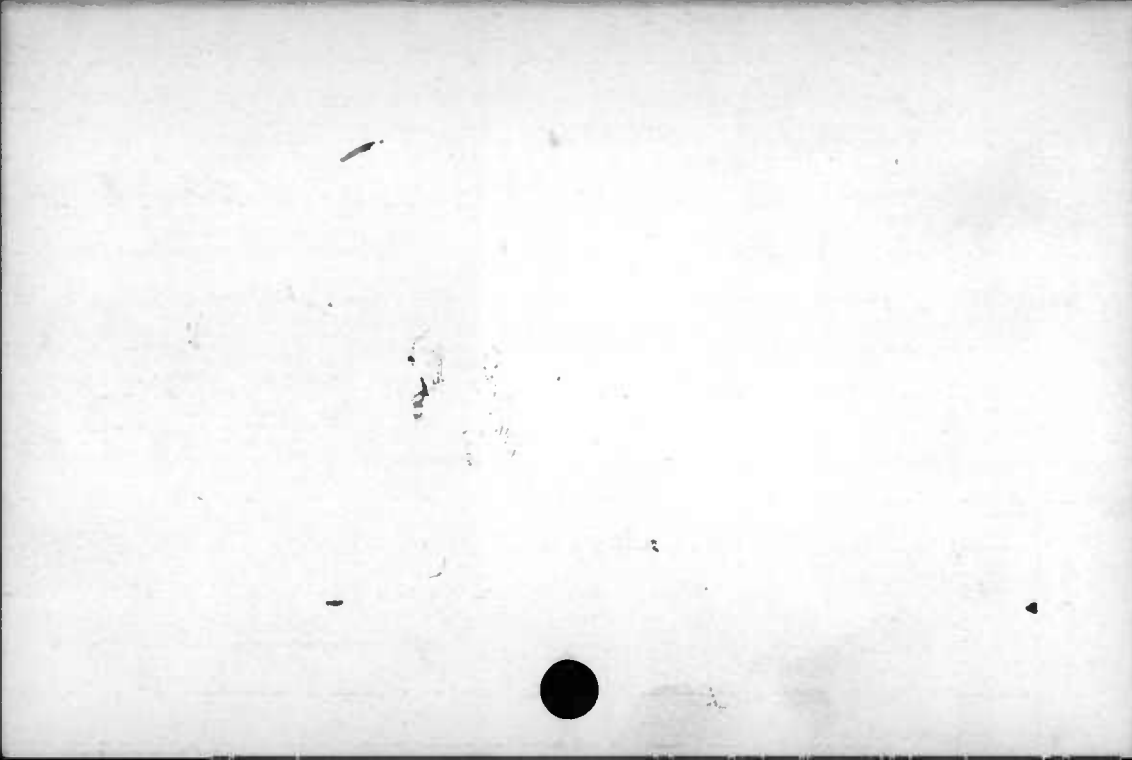
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> ^{Town} <u>Bath Co.</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u> ^{Month} <u>Oct.</u> ^{Day} <u>4</u> ^{Years} <u>68</u>	Age <u>68</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>	
Maided, Single <u>Single</u>		Occupation <u>none</u>	
Name of Wife or Husband			
Father's Name <u>William C. Monk</u>		Father's Birthplace <u>md</u>	
Mother's Maiden Name <u>Daynah B. Armstrong</u>		Mother's Birthplace <u>md</u>	
Name of person giving Information <u>Drury J. Conway</u>		How related to deceased <u>Sister</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>2 months</u>
Immediate <u>"</u>	How long <u>20 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. C. Heaton MD</u>
	Address <u>156 Milton Ave</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

Samuel B. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lockesville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1903</i>	<i>Con</i> Month	<i>18</i> Day	Age <i>34</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Lockesville</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Lockesville</i>				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Byrne Lewis Moore</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mary Buckley</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Mary Moore</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Alcoholism</i>	How long <i>56</i>
Immediate <i>Diarrhoea</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. T. Burrey</i>
	Address <i>Texas Md.</i>
Accident or Suicide?	

Internato St Joseph Camelay

Fajar Cu 2/11/11

St. C. Proctor

CERTIFICATE OF DEATH

Died at <u>Canton</u>		Town <u>Baltimore</u>		County <u>MARYLAND</u>	
Date of death <u>1903</u>	Month <u>Oct</u>	Day <u>2nd</u>	Years <u>—</u>	Months <u>—</u>	Days <u>3 hours</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balto. Co. Md.</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>None</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Joseph Masberger</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Genevieve Weigert</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Joseph Masberger</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address Mary L. Swayer 827 S. Cantrell St. Midvale
Accident or Suicide?	

Sacred Heart Cemetery

Oct. 3rd 1903

Germanus Thane

Undertaker

Henrietta Brooks Muth.

Died at ^{Town} Highlandtown ^{County} Balto. MARYLAND
 Date 1903, Oct. 14 | Age 40 7 1 | Native of Va. | Occupation Housewife
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ | Number of children living 1

Husband of John Henry Muth.
~~Wife~~

Father's Name Eli Pattison | Mother's Maiden Name Fannie Brooks,

Cause of Death { Primary Pulmonary + Laryngeal Tuberculosis. | How long sick 5 yrs.
 { Immediate Exhaustion. | ~~Accident, Suicide, Homicide~~

Reported by Richard H. Johnston.
 Address 819 Park Ave. Balto. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mann, Cook, & Lyden
Landon Post,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> Town		<i>Balto</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct,</i>	Day <i>9</i>	Age <i>21</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Va</i>		
Married, Single or Widowed			Occupation <i>Laborer</i>		
Name of Wife or Husband					
Father's Name <i>Wilson Myers</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Frank Myers</i>			How related to deceased <i>Bro -</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tub. Pulmonales</i>	How long <i>2 mos</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. N. Hthey</i>
	Address <i>2 Hudson St</i>
Accident or Suicide?	



Name
in
Full

Elizabeth Newhauser

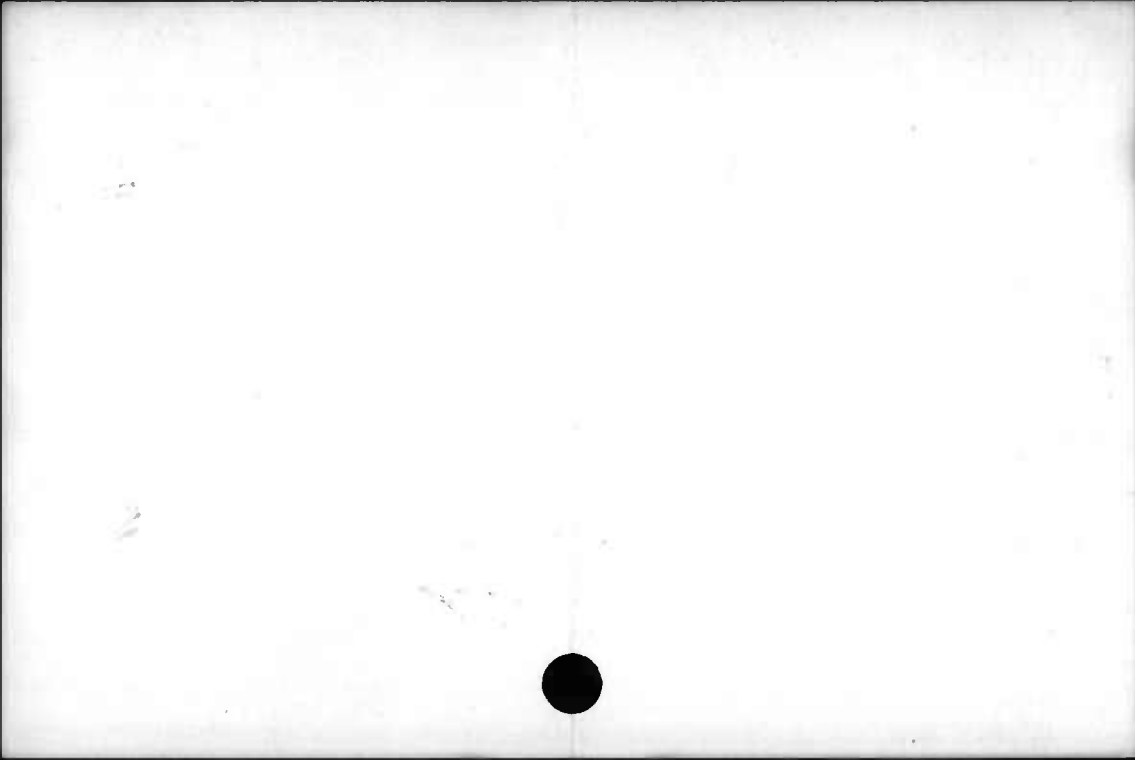
68
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Long Green</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1903</u>	<u>Oct.</u> <small>Month</small>	<u>4</u> <small>Day</small>	Age <u>68</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Penn.</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Christopher Newhauser</u>				
Father's Name <u>John Mast</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Elizabeth Kurtz</u>	Mother's Birthplace <u>Penn.</u>				
Name of person giving Information <u>Jonathan Newhauser</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart-Disease</u>	How long <u>57 years or more</u>
Immediate <u>" "</u>	How long <u>" " " "</u>
Are the name, age, sex, color, date and place correctly given above? <u> </u>	Signature of Physician <u>Wm. S. Green,</u>
	Address <u>Hittings,</u>
	<u>Ind.</u>
Accident <u>or Suicide</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Arthur B. Aglesby

Town

Spinnis Point

County

Balto.

MARYLAND

Date

of death 190

3

Month

Oct.

Day

27th

Age

Years

Months

Days

5

Sex

Male

Color or
Race

White

Birth-
place

Spinnis Point

Married, Single
or Widowed

Occupation

None

Name of Wife or
HusbandFather's
Name

Charles H. Aglesby

Father's
Birthplace

Pa.

Mother's
Maiden Name

William Muters

Mother's
Birthplace

Pa.

Name of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Dismal

How long

24 hours

Immediate

Dismal

How long

—

Are the name, age, sex, color, date
and place correctly given above?

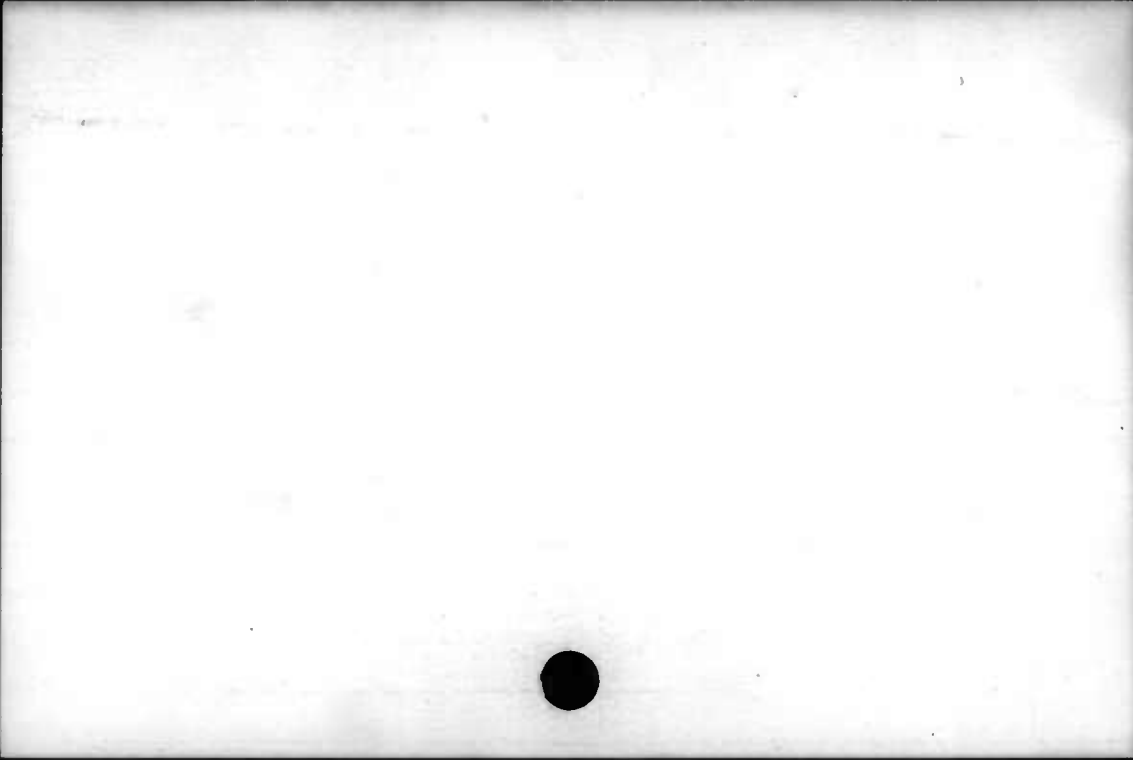
Yes

Signature of
Physician

Address

F. C. Eldred M.D.
Spinnis Point

Accident or Suicide?



No name

Town

County

Died at *St Denis**Bolton*

MARYLAND

Date 189 *1903*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Oct 24

Age

still born~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's Name *Vincent Oholly*Mother's Name *Mable Oholly*

Name

Name

Cause of

Primary

still born~~How long sick~~

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Arthur Williams

Address

Elk Ridge Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr......

of

Seen by Coroner.....

of

Information contained in this certificate received

from

of



Name in Full

Certificate of Death

No name Otralley
 Town County
 Died at St Denis Buttrick MARYLAND
 Date 19 Oct 24 1903 Y. M. D. Native of Ind Occupation
 Male White Married Widow Divorced
 Female ~~Colored~~ Single Widower Number of children living
 Husband of S
 Wife
 Father's Name Vincent Otralley Mother's Name Mable Logan
 Cause of Death { Primary Still Born How long sick
 Immediate Accident, Suicide, Homicide
 Reported by Logan & Gill Undertaker
 Address Elk Ridge Ind
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

uttered by Dr A Williams
Esq Ridgeport

Name
is
Full

Charles Henry Padgett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Oct.</i> ^{Month}	<i>29</i> ^{Day}	<i>—</i> ^{Years}	<i>9</i> ^{Months}	<i>3</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co. Md.</i>		
Married, Single or Widowed <i>single</i>	Occupation <i>none</i>				
Name of Wife or Husband <i>[Signature]</i>					
Father's Name <i>George S. Padgett</i>			Father's Birthplace <i>N. C.</i>		
Mother's Maiden Name <i>Ella Cramer</i>			Mother's Birthplace <i>N. C.</i>		
Name of person giving information <i>George S. Padgett</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastr. Enteritis</i>	How long <i>6 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. N. Allen</i>
	Address <i>2 Harrison St.</i>
Accident or Suicide?	

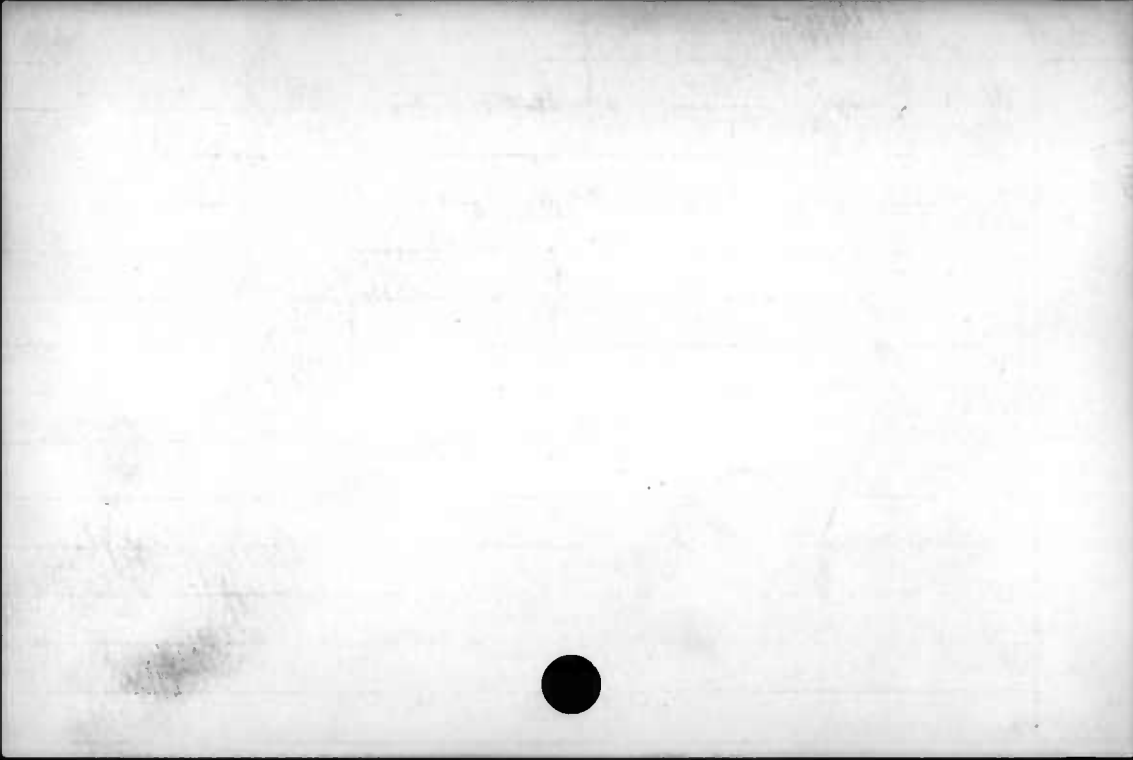
Mount Carmel Cemetery

Oct. 31st 1903

Germanus France

Undertaken

Name in Full		The ^s Kettle Pearson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Evansham</i>		County <i>Balto</i>		MARYLAND		
	Date of death 190	3	Oct	6	Age	Months 1	Days 18	
	Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place <i>Evansham</i>	
	Married, Single or Widowed			Occupation				
	Name of Wife or Husband				105			
	Father's Name <i>Henry Pearson</i>				Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Laura Anna Tuck</i>				Mother's Birthplace <i>Switzerland</i>				
Name of person giving information <i>Dr. St. Kessing</i>				How related to deceased <i>Father</i>				
		<i>H Pearson</i>		CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary	<i>Eulio - Colitis</i>			How long	<i>3 weeks</i>		
	Immediate	<i>Evansham</i>			How long	<i>24 hrs</i>		
	Are the name, age, sex, color, date and place correctly given above?			<i>Yes</i>	Signature of Physician <i>Dr. St. Kessing</i>			
					Address <i>Sta St.</i>			
Accident or Suicide?			<i>Balto md</i>					



Name
in
Full

CERTIFICATE OF DEATH

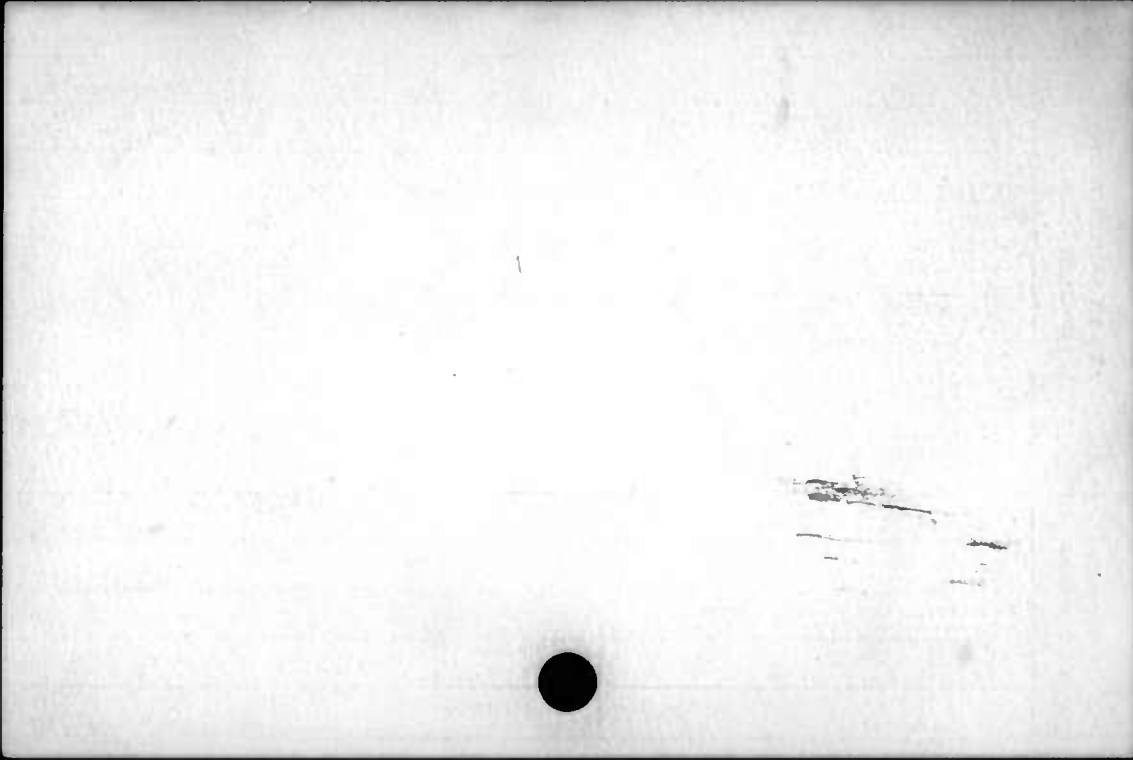
-TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Francis Pitts</i>				Town <i>Chase</i>		County <i>Dale</i>		State <i>MARYLAND</i>	
Died at		Date of death 190		Age		Months		Days	
		<i>3 Oct 8</i>		<i>2</i>		<i>3</i>		<i>1</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Chase</i>					
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name <i>Liza Pitts</i>				Father's Birthplace <i>Chase</i>					
Mother's Maiden Name <i>Annie Pitts</i>				Mother's Birthplace <i>Chase</i>					
Name of person giving information <i>Richard Brown</i>				How related to deceased <i>No relation</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Tuberculosis</i>		How long <i>9 months</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. T. Mace</i>	
		Address <i>Rossville Ma</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Catherine Price
 Philadelp^{Town} Balt^{County}
 03 10 19 85 5-10 M.D. Home life
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 1

of Samuel M. Price
 Samuel Price Mother Ann Cooper
 Maiden Name
 Cause of Death { Primary Acute Indigestion
 Immediate Uræmic Coma.
 How long sick 7 hours
 Accident, Suicide, Homicide

Reported by F. G. Mitchell
 Address Verma P.O.
 Md.

Gun powder Francis
burying ground
Oct 21st

Obliged yours Truly
W. C. Brewster

Name

in
Full

Augustus Nicholas Renter

CERTIFICATE OF DEATH

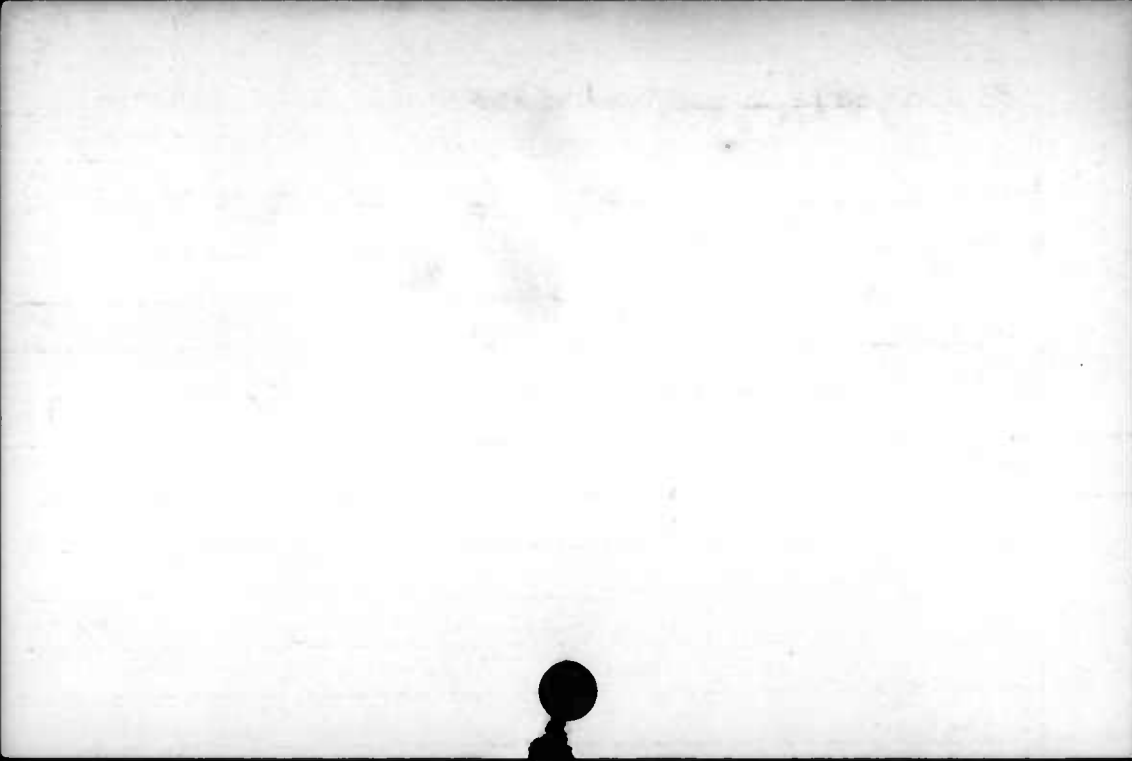
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Jacksonville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	3	Month <i>Oct.</i>	Day <i>8</i>	Age <i>80</i>	Years <i>80</i>	Months <i>2</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth- place <i>Michaelstadt Hesse Darmstadt Germany</i>				
Married, Single or Widowed <i>married</i>		Occupation <i>butcher</i>					
Name of Wife or Husband <i>Dorothea Augusta Renter</i>							
Father's Name <i>Jacob Renter</i>				Father's Birthplace <i>Hesse Darmstadt</i>			
Mother's Maiden Name <i>Suzanna Werner</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving In formation <i>Jacob Renter</i>				How related to deceased <i>son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>2 years</i>
Immediate <i>Haemesis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. H. Emory, D.</i>
	Address <i>Hess, Ind.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Annie M Reinhardt

CERTIFICATE OF DEATH

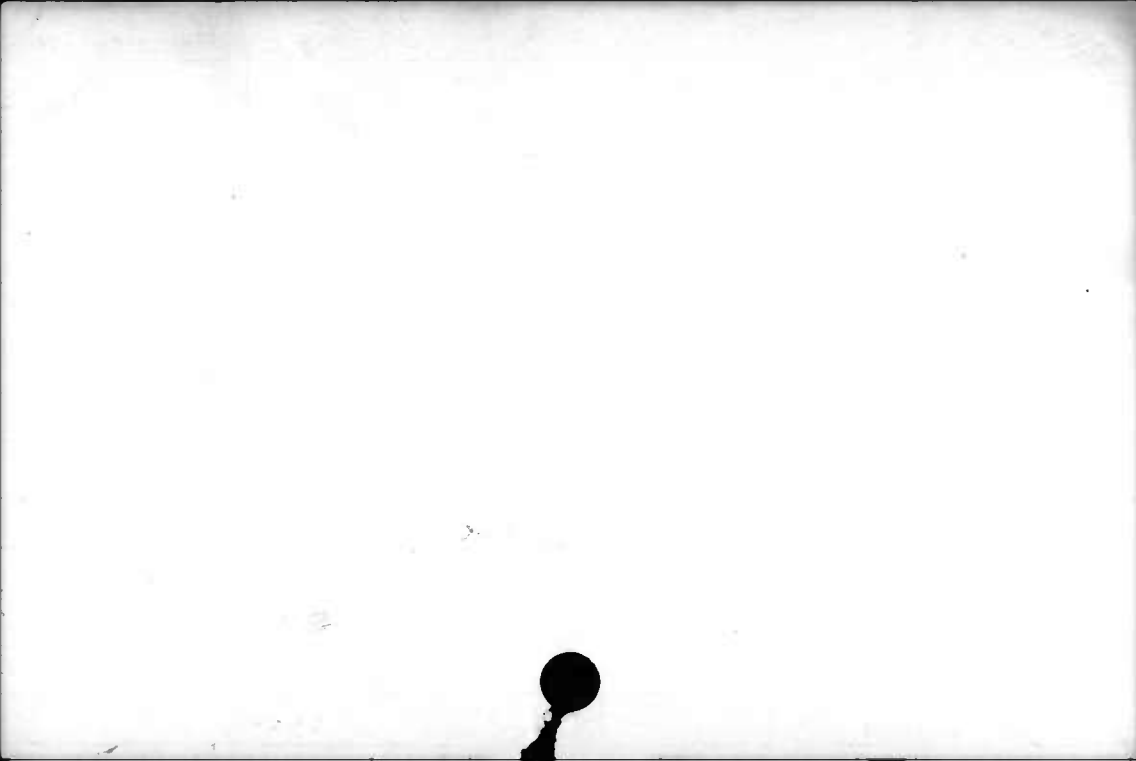
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Walters		County Baltimore		MARYLAND	
Date of death 1903	Month Oct	Day 13	Age	Years —	Months 4	Days 7	
Sex Female	Color or Race white		Birth- place Md				
Married, Single or Widowed —			Occupation —				
Name of Wife or Husband —							
Father's Name Geo Reinhardt				Father's Birthplace Md			
Mother's Maiden Name Emma E Worsley				Mother's Birthplace Md			
Name of person giving In formation Geo Reinhardt				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	one day
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Phineas Hannon Md
		Address	Snodden Run Md
Accident or Suicide?	no		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Margaret E. Remiuswiler* Town *Rossville* County *Buick*

Died at *Rossville*

Date of death 190*3* *Oct* *6th* Age *80* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Germany*

Married, Single or Widowed *Widow* Occupation *—*

Name of Wife or Husband *J. Henry Remiuswiler*

Father's Name *154* Father's Birthplace *Germany*

Mother's Maiden Name *154* Mother's Birthplace *"*

Name of person giving information *Mrs H. Remiuswiler* How related to deceased *daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *General Debility* How long *3 months*

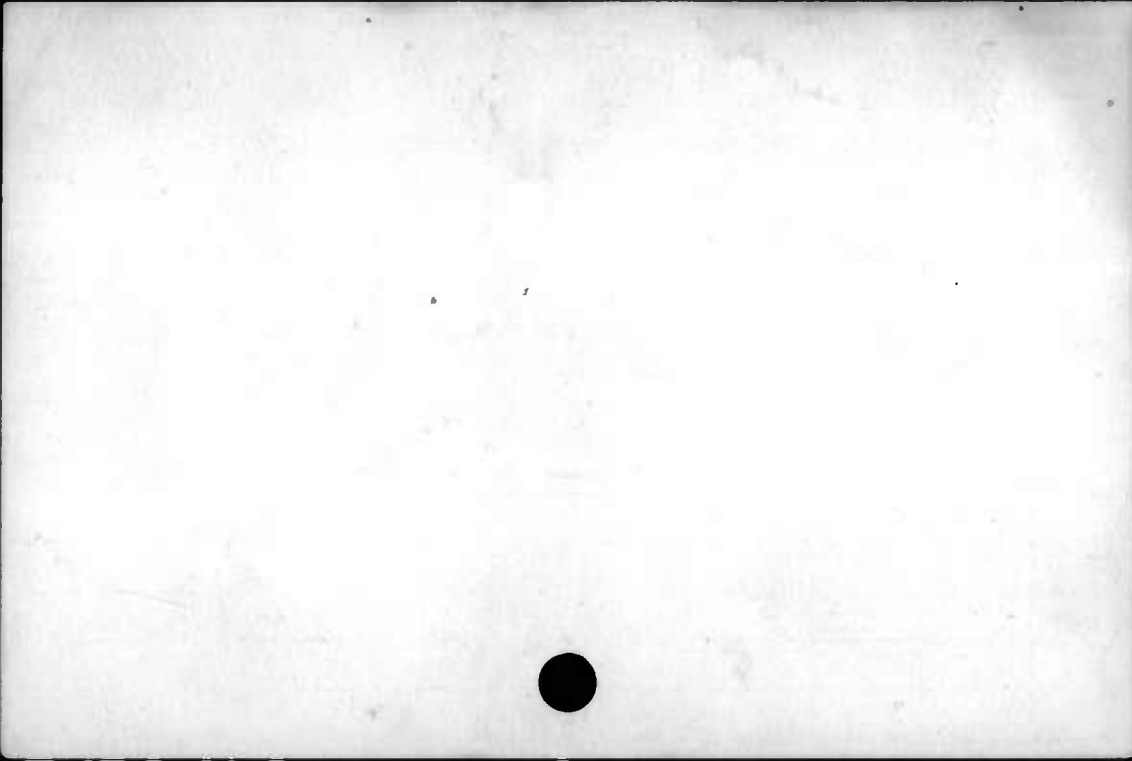
Immediate *3 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. J. Mann*

Address *Rossville, Md*

Accident or Suicide? *—*



Name in Full

Certificate of Death

Mary Rogan
 Died at *Sparrows Point.* Town *Baltimore* County *MARYLAND*

Date *1903* *Oct. 4th* Month *19* Day *M.d.* Y. *House work* M. D. Native of Occupation
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ *Single* ~~Widower~~ ~~Number of children living~~

Husband of _____

Wife

Father's Name *Thos. Rogan (deceased)* Mother's Name *Margaret Rogan*

Cause of Death { Primary *Typhoid fever* How long sick *4 weeks*
 Immediate *Collapse, following perforation* ~~Accident, Suicide, Homicide~~

Reported by *G. C. McCormick M.D.*Address *Sparrows Point.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name
in
Full

CERTIFICATE OF DEATH

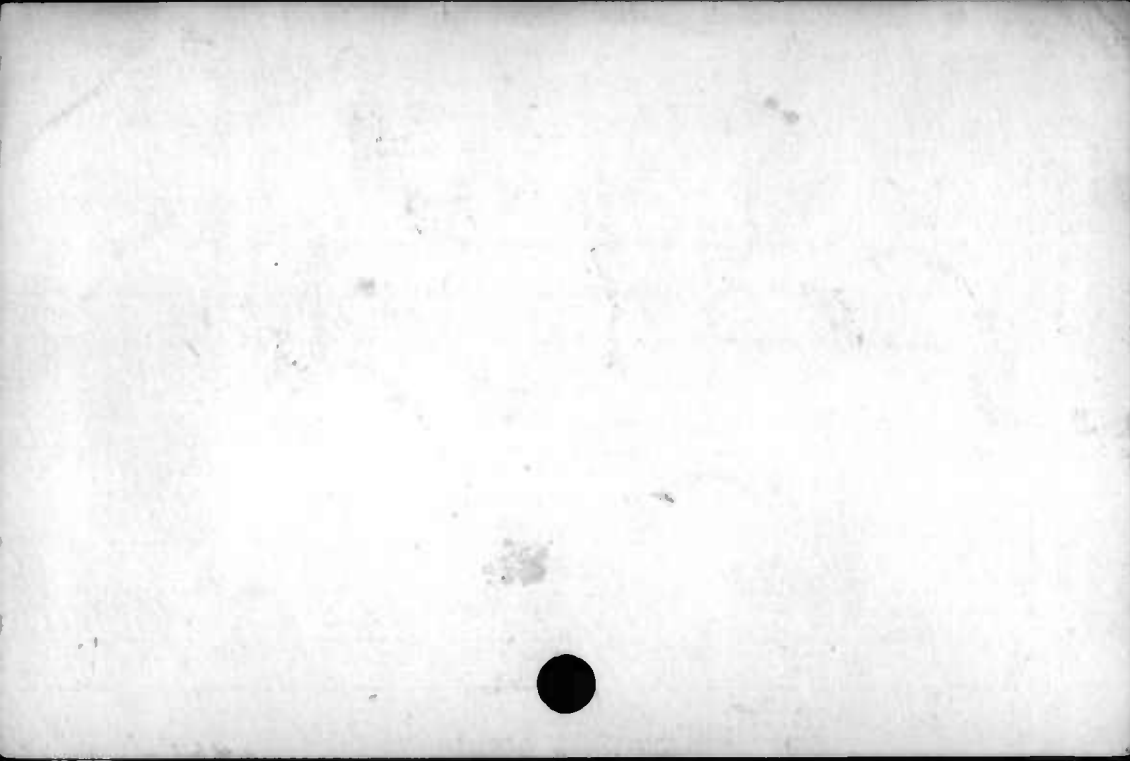
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Rollins		Town Dorsey Hill		County Balto		MARYLAND	
Died at Dorsey Hill		Month 10		Day 20		Months —	
Date of death 1903 3		Age 43		Years 43		Days —	
Sex Male		Color or Race Colored		Birth-place Baltimore Md.			
Married, Single or Widowed Married		Occupation Laborer					
Name of Wife or Husband Mahalia Rollins							
Father's Name William Rollins		Father's Birthplace Baltimore Md.					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information Louis Savoy		How related to deceased 93					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Traumatic Pneumonia	How long 4 Day.
Immediate and Congestion due to fracture of Rib	How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician August W. Miller
	Address Mr. Winans
Accident or Suicide?	Ind



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Eliza Rooney

Town

County

Died at Mt Hope Retreat

Baltimore

MARYLAND

Date

of death 1903 Oct

Month

Day

5

Years

Age 54

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Ireland

Occupation

House Maid

Where Residing if not
at place of death

1206 Franklin St

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

34

Father's
Birthplace

Ireland

Mother's

Maiden Name

Mother's
Birthplace

"

Name of person giving
Information

Recd Mt Hope Retreat

How related
to deceased

Not -

CAUSES OF DEATH

Primary

Melancholia - Gen Tuberculosis & Accutia

How long

abt 11 or 12 mos -

Immediate

Ex-

How long

11 or 12 mos -

Are the name, age, sex, color, date
and place correctly given above?

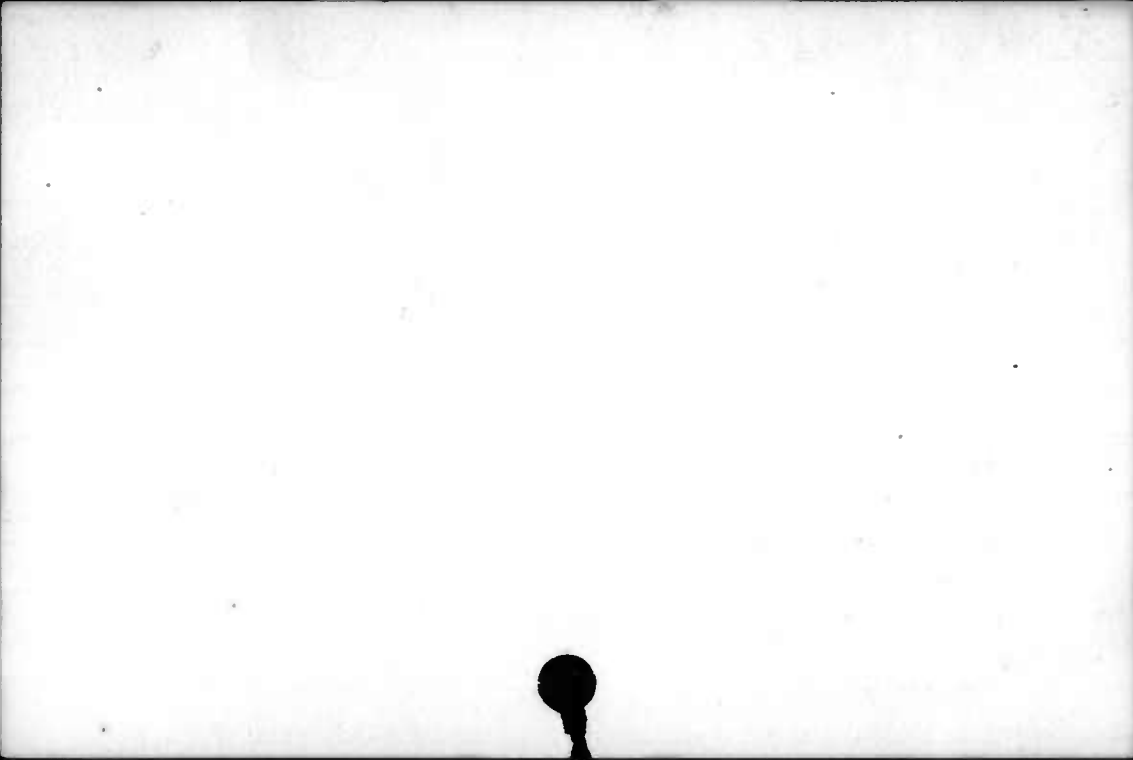
Yes

Signature of
Physician

Address

Frank J. Flannery
Mt Hope Retreat
Baltimore Co Md -

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Sauer

Died at ^{Town} *Mr. Hope Retreat* ^{County} *Baltimore Co*

MARYLAND

Date of death ^{Month} *1903 Oct* ^{Day} *18th* ^{Years} *Age 85* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *—*Occupation *Farmer* Where Residing if not at place of death *Necker Balt Co Md*~~Single~~
Widowed Name of Wife or Husband *—*Father's Name *—*Father's Birthplace *Germany*Mother's Maiden Name *—*Mother's Birthplace *"*Name of person giving Information *Rieds Mt Hope Retreat*How related to deceased *not relate*

CAUSES OF DEATH

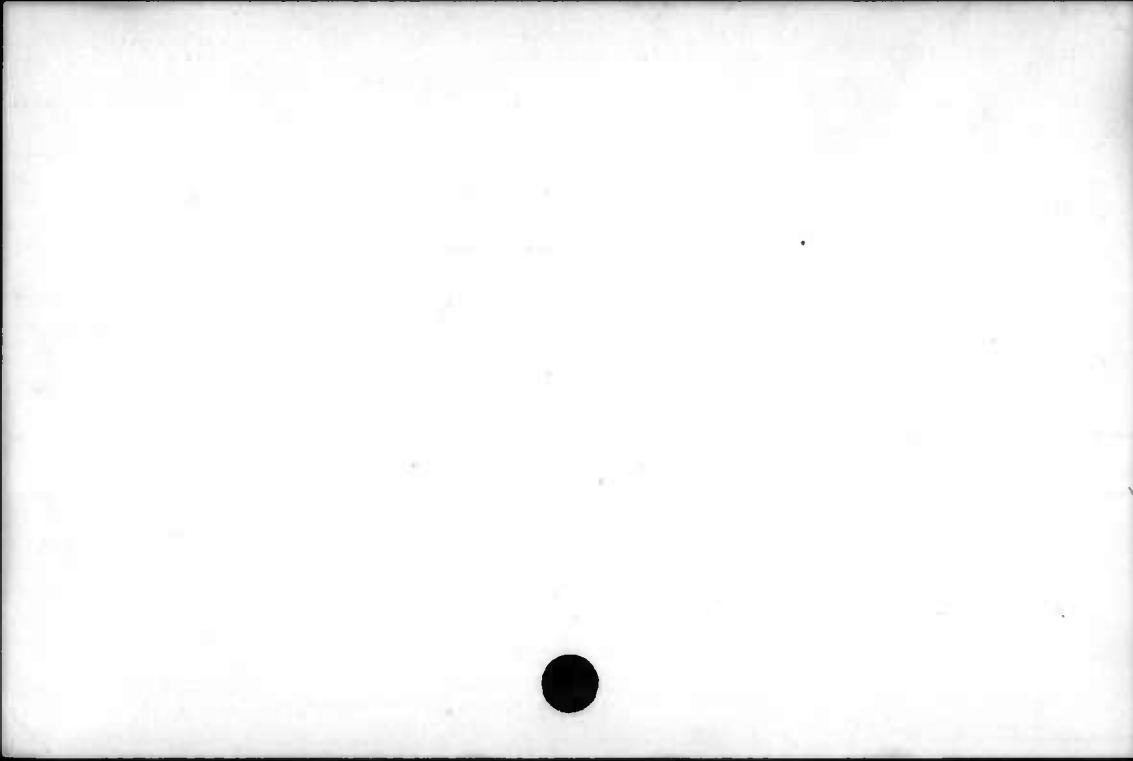
PHYSICIAN
OR CORONERPrimary *Senile Dementia*How long *Two mos*Immediate *Ex. Pul. Congestion*How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Frank J. Flannery M.D.
Mt Hope Retreat

Accident or Suicide?



Name
in
(Full)

Eugene Schenk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Canton</i>		County <i>Balto.</i>		MARYLAND	
Date of death 190	3	Month <i>Oct.</i>	Day <i>8</i>	Age	Years —	Months —	Days <i>14</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Balto Co.</i>			
Married, Single or Widowed —				Occupation —			
Name of Wife or Husband —							
Father's Name <i>Peter Schenk</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Catharine Benner</i>				Mother's Birthplace <i>Balto. City</i>			
Name of person giving In formation <i>Father of Child</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Con. Phthisis</i>	How long	<i>3 days</i>
Immediate	<i>Con. Phthisis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. H. J. Hey</i>	
Yes		Address <i>2 - Hudson St</i>	
Accident or Suicide?			

Sacred Heart Cemetery

Oct. 9th 1903

Germanus France

Undertaker

Name in Full

Certificate of Death

Mary Elizabeth Schriefer

Died at

Baltimore County

MARYLAND

Date 19

03

Oct. 1st

Age

2 months

Native of

Md

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

John Schriefer

Mother's

Maiden Name

Virginia Hillmer

Cause of

Primary

Death

Immediate

Corypulsion

How long sick

2 days

~~Accident, Suicide, Homicide~~

Reported by

Dr. C. J. Williams

Address

Chesapeake Street

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Henry Schriver

CERTIFICATE OF DEATH

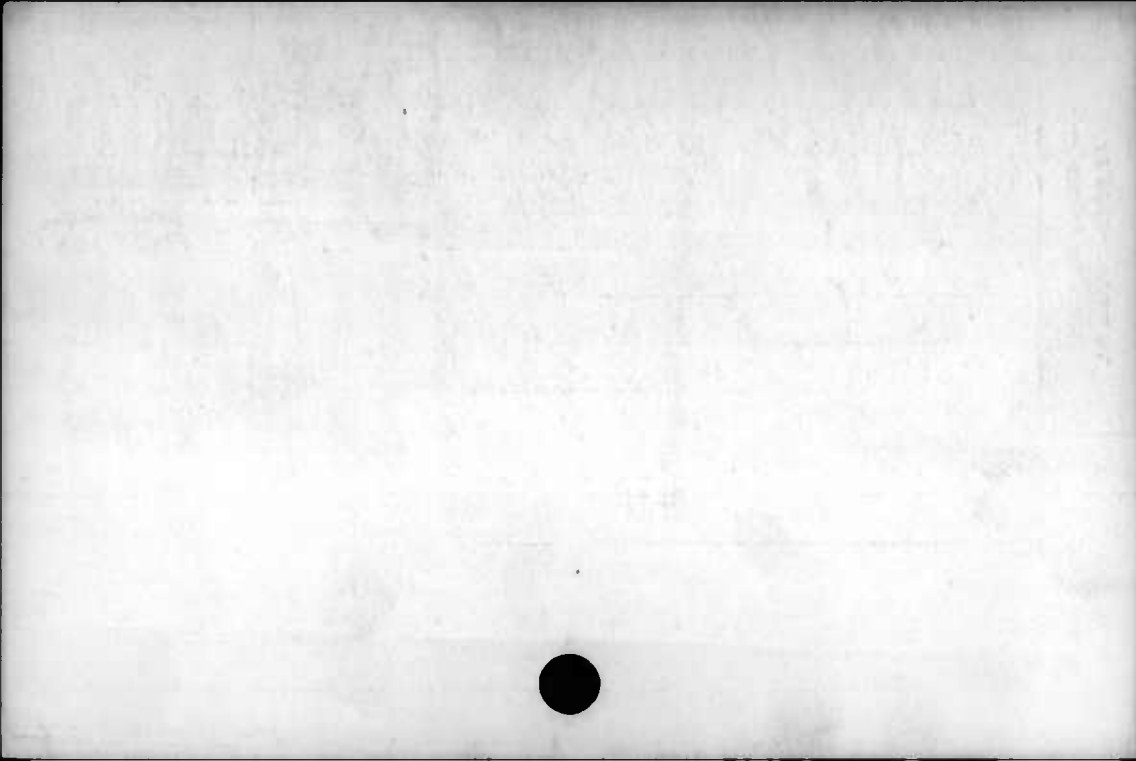
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i>		County <i>_____</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct</i>	Day <i>24</i>	Age <i>70</i>	Months <i>_____</i>	Days <i>_____</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>clerk</i>	Where Residing if not at place of death <i>Hagerstown, Md.</i>				
Married, Single or Widowed <i>widower</i>	Name of Wife or Husband <i>Mrs Ellen S. Schriver</i>				
Father's Name <i>Henry Schriver</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information <i>Isaac Schriver</i>	How related to deceased <i>daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Pneumonia following Operation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Amos Paucoast</i>
	Address <i>Baltimore Md.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mr. Henry Schwartz</i>		Town <i>Govaustown</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
		<i>1903 Oct 10</i>		<i>28</i>			
Sex <i>male</i>		Color or Race <i>White</i>		Birthplace <i>Germany</i>			
Occupation <i>Merchant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name		93 Father's Birthplace <i>10/17/03</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>The Union</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia and</i>	How long
Immediate <i>Paralysis of the heart</i>	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	



Name
in
Full

Henry Schwarz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Grovers		County Baltimore		MARYLAND	
Date of death		1903	Month Oct	Day 11	Age 77	Months 10	Days 23
Sex Male		Color or Race White		Birth- place Herford Germany			
Occupation Merchant		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Sophie Schwarz					
Father's Name Frederic Schwarz		Father's Birthplace Herford Germany					
Mother's Maiden Name Fredrica Rothe		Mother's Birthplace Herford Germany					
Name of person giving Information G. H. Schwarz		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	4 days
Immediate	Cardiac Failure	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Wm Caspari Jr	
		Address 1600 Druid Hill Ave	
Accident or Suicide?			



Name
in Full

Mary A. Seibold

CERTIFICATE OF DEATH

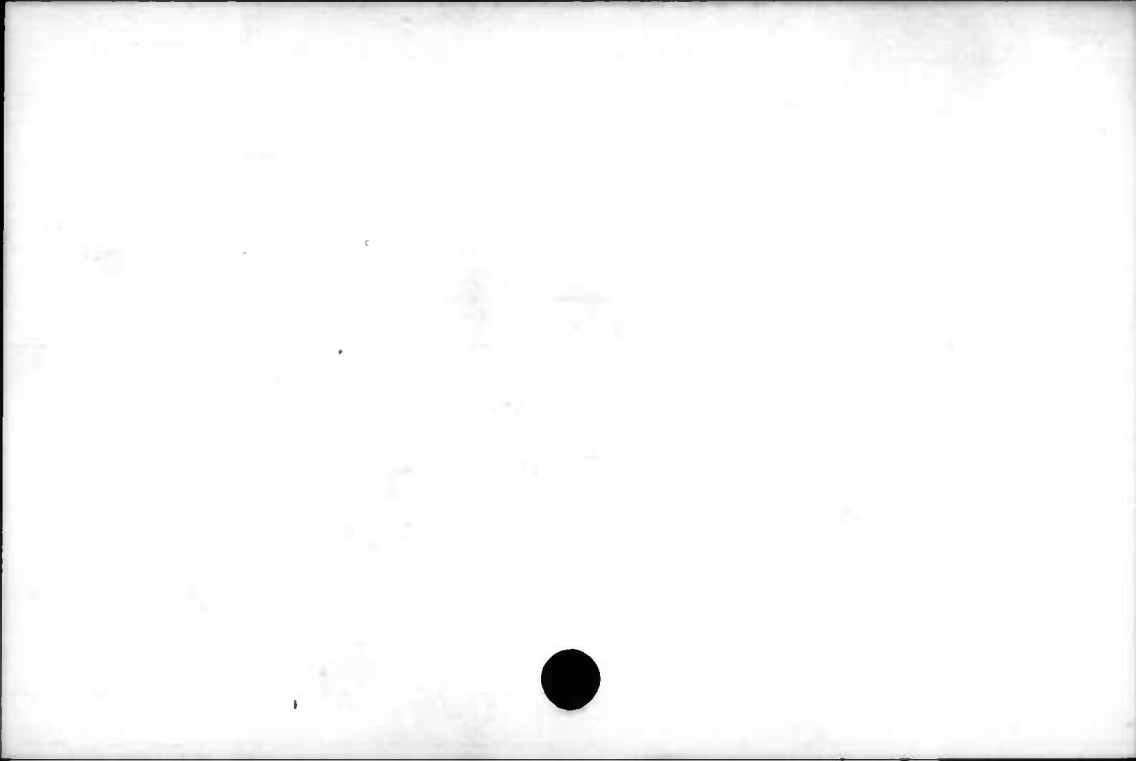
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Parkville		County Ballwin		MARYLAND	
Date of death 1903	Month October	Day 30	Age 80	Years	Months 1	Days 19	
Sex Female	Color or Race White		Birth- place Ballwin City				
Married, Single or Widowed Widowed			Occupation Retired				
Name of Wife Husband Jacob C. H. Seibold							
Father's Name				Father's Birthplace			
Mother's Maiden Name Mary A. Stein				Mother's Birthplace Ballwin City			
Name of person giving In formation George W. Seibold				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Senile decay	How long 15 days
Immediate Heart Failure	How long 10 minutes
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Geo L. Case M.D.
	Address Gardenville Ind.
Accident or Suicide? no	



Name
in
Full

Edward E. Simons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockland</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i> ^{Month} <i>Oct</i> ^{Day} <i>27</i> ^{Years} <i>82</i>		Age <i>82</i>		Months	Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Virginia</i>			
Married, Single or Widowed <i>widower</i>		Occupation <i>Shoe maker</i>			
Name of Wife or Husband <i>Deceased</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>J. C. Reynolds</i>				How related to deceased <i>Son-in-law</i>	

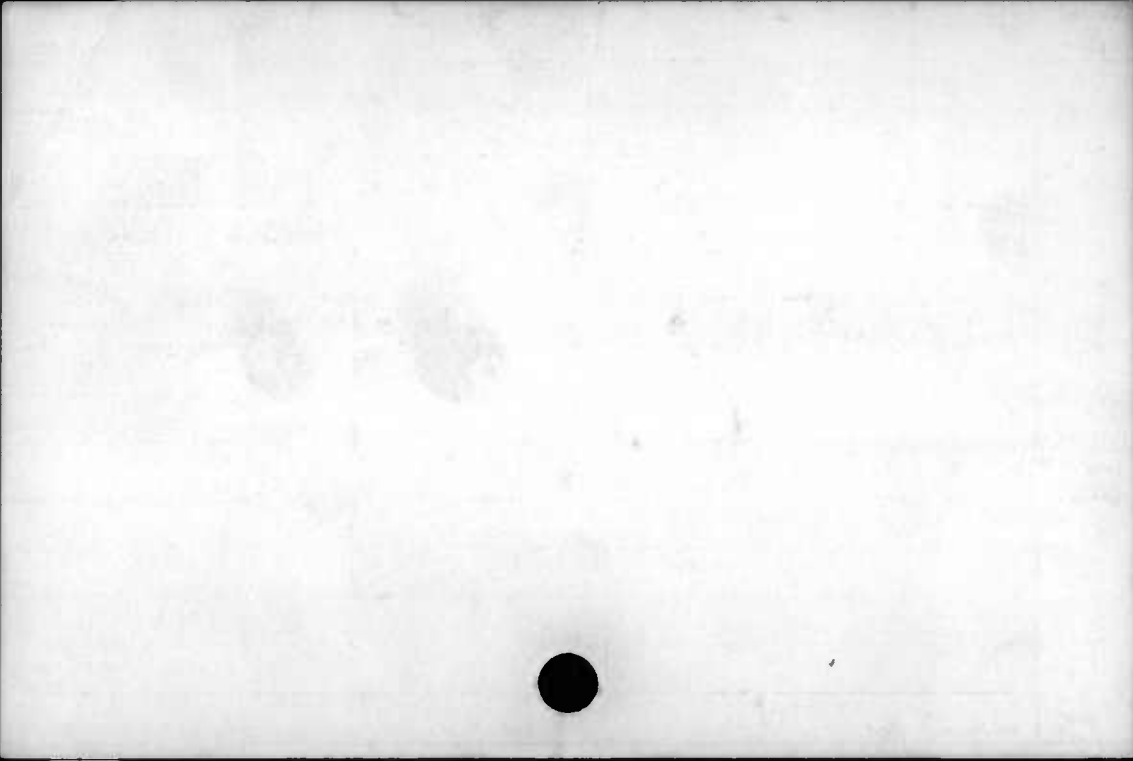
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mitral Regurg. Arterio Sclerosis</i>	How long	
Immediate	<i>Brown Pneumonia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. Burton Skinner</i>	
<i>yes</i>		Address <i>Rider</i>	
Accident or Suicide?			



Name in Full		William H. Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Gorantown		County Baltimore		MARYLAND
	Date of death 1903		Month Oct	Day 25	Age 45	Months 11	Days
	Sex Male		Color or Race White		Birth- place Washington D.C.		
	Married, Single or Widowed Married		Occupation Salesman				
	Name of Wife or Husband Clara Shelley						
	Father's Name Christian Smith				Father's Birthplace Germany		
	Mother's Maiden Name Elizabeth C. Weinberg				Mother's Birthplace "		
Name of person giving In formation C. Smith					How related to deceased Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Dysentery				How long 2 weeks		
	Immediate Failure of heart				How long a few hours		
	Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician C. M. Duncan		
					Address Gorantown		
Accident or Suicide?							



Name
in
Full

Wm. E. Druell

CERTIFICATE OF DEATH

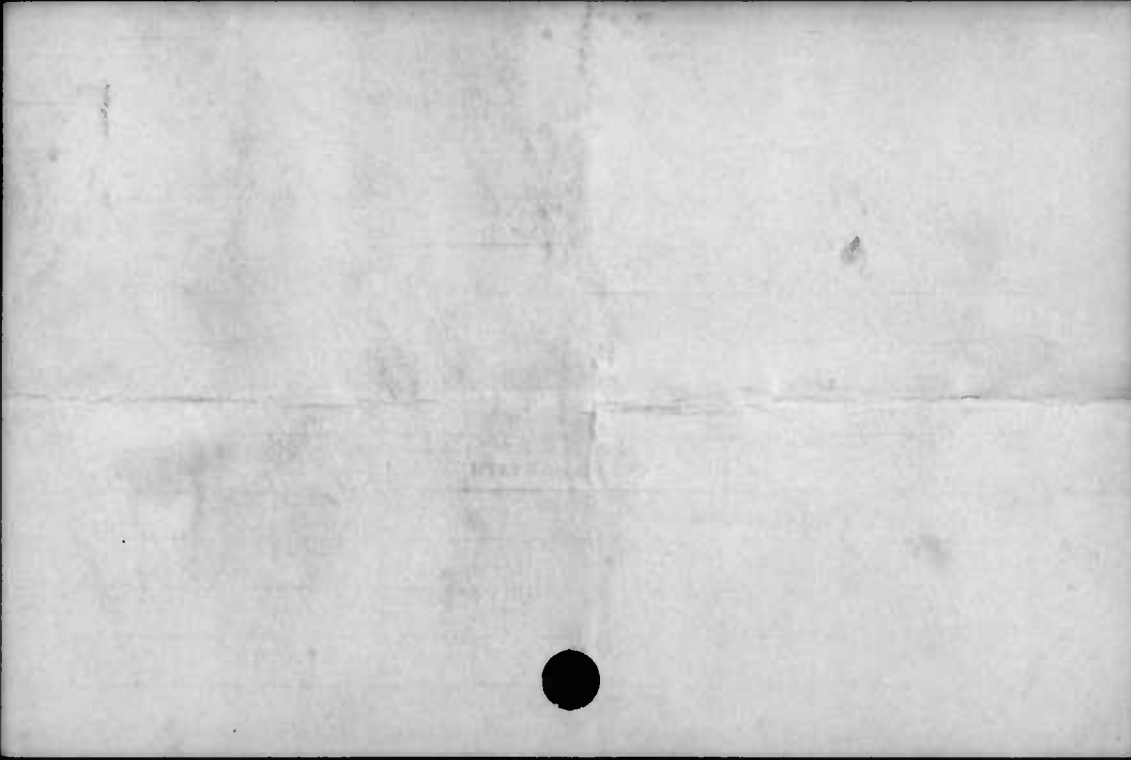
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mount. Vernon</u>		County <u>Beth.</u>		MARYLAND	
Date of death	1903	Month	Oct	Day	12
Age	38	Years		Months	
Sex	Male	Color or Race	colored	Birth-place	Beth. City
Occupation	Laborer	Where Residing if not at place of death <u>Mount. Vernon</u>			
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband			
Father's Name	William Druell			Father's Birthplace	Va.
Mother's Maiden Name	Mary Druell			Mother's Birthplace	Maryland
Name of person giving information	Geo. Druell			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>2 weeks</u>
Immediate	<u>Heart Failure</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>C. H. Foster</u>
		Address	<u>712 S. Sharp St</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

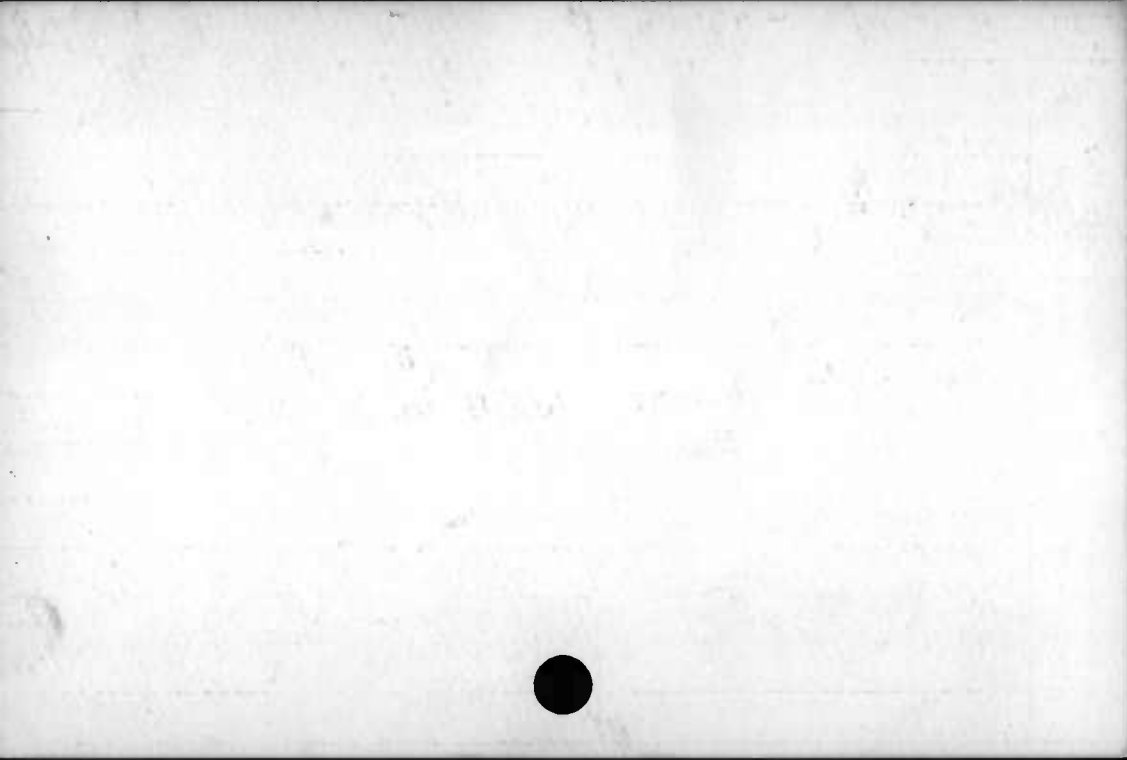
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> Town			<i>Baltimore</i> County			MARYLAND		
Date of death 1903		Month <i>Oct</i>	Day <i>2</i>	Age <i>59 yrs</i>		Months <i>—</i>		Days <i>—</i>
Sex <i>Female</i>			Color or Race <i>White</i>		Birth-place <i>W Virginia</i>			
Married, Single <i>Married</i> or Widowed			Occupation <i>unknown</i>					
Name of Wife or Husband <i>Unknown</i>								
Father's Name <i>Unknown</i>			<i>68</i>			Father's Birthplace		
Mother's Maiden Name <i>Unknown</i>			<i>68</i>			Mother's Birthplace		
Name of person giving information						How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Manic-depression</i>		How long <i>Eight months</i>	
Immediate <i>Exhaustion +</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Richard F. Gundry</i>	
		Address <i>Catonsville, Md</i>	
Accident or Suicide?			



Name

is Full

Emma C. Whithorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hopkirk Conception</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1907	Month	10	Day	26	Age	34
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birthplace	<i>Germany</i>
Occupation	<i>Landlady</i>			Where Residing if not at place of death			
Mother, Single or Widowed	<i>Widowed</i>			Name of Wife or Husband <i>John Whithorn</i>			
Father's Name	<i>Jacob Meyer</i>			Father's Birthplace		<i>Germany</i>	
Mother's Maiden Name	<i>Mary Meyer</i>			Mother's Birthplace		<i>11</i>	
Name of person giving information	<i>Emma C. Hoffman</i>			How related to deceased		<i>Sister</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>2 yrs</i>
Immediate	<i>Same</i>	How long	<i>11</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. P. Paul</i>
		Address	<i>London</i>
Accident or Suicide?			<i>Yes</i>



Name
in
Full

Gabriel Vogl

CERTIFICATE OF DEATH

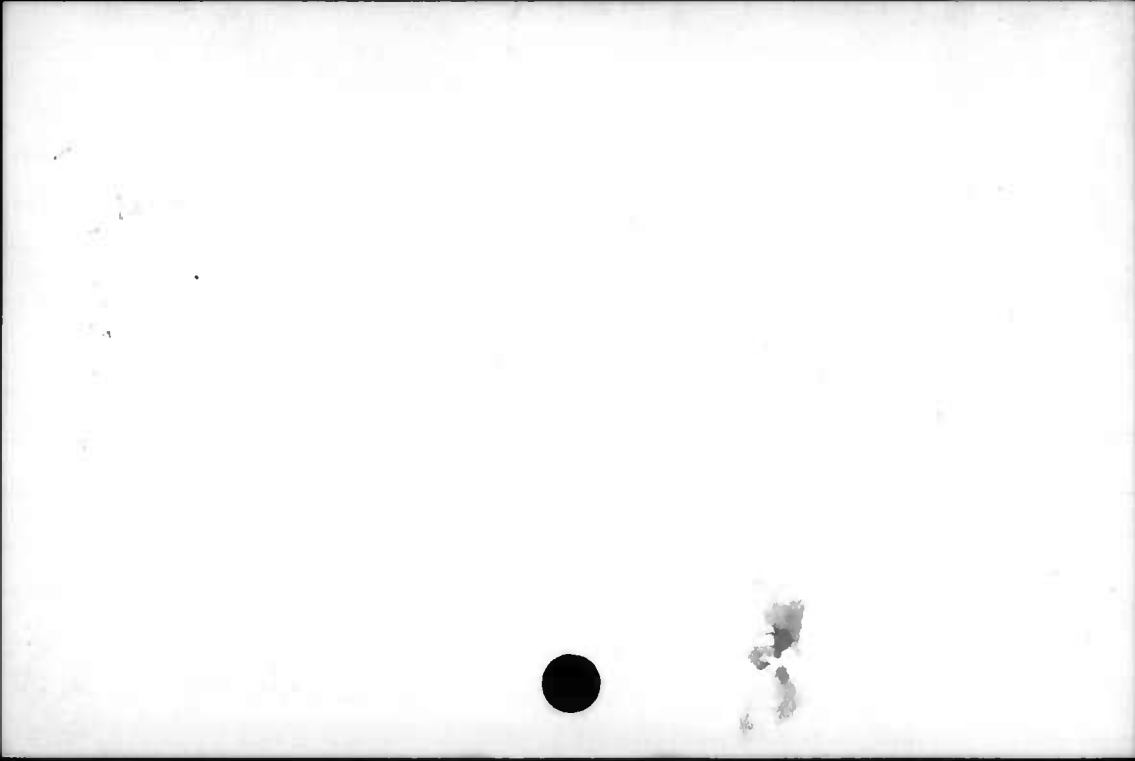
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>mt Hope Retreat</i>		<i>Baltimore</i>		County		TOWN	
Date of death <i>1903</i>		Month <i>Oct</i>	Day <i>2nd</i>	Years <i>34</i>	Months	Days	MARYLAND
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Religious</i>		Where Residing if not at place of death <i>Bristow P. waco Va</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name		27		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name				Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Recds of mt Hope Retreat</i>				How related to deceased <i>"</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mania Delusional</i>	How long <i>3 or 4 yrs.</i>
Immediate <i>Cardiac Collapse (Symp) Pal Tubercular</i>	How long <i>over 14 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>mt Hope Retreat</i>
	<i>Baltimore Co Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

Catherine Walters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glen Morris</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190	<i>3</i> Month <i>Oct</i>	Day <i>29</i>	Age <i>80</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Beatts co Md</i>		
Married, Single or Widowed <i>widow</i>			Occupation <i>House wife</i>		
Name of Wife or Husband <i>Deceased</i>					
Father's Name <i>Jarimiah Cook</i>				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>James Agle</i>				How related to deceased <i>Friend</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>5 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H M Seader</i>
	Address <i>Reisterstown</i>
Accident or Suicide?	



John S. Weaver

Died at Sharnburg Town Baltimore County MARYLAND
 Date 1903 Oct 9 Month Day
 Age 74 8 Y. M. D. Native of Md Occupation Laborer
 Male White Married Widow ~~Divorced~~
~~Female~~ Colored Single Widower Number of children living 4

Husband of Marian Weaver (Dec'd)
 Wife

Father's Name Geo. Weaver Mother's Name Betsy Weaver

Cause of Death { Primary Old Age How long sick 3 weeks
 Immediate Parylosis, & Sanguine Anem ~~Accident, Suicide, Homicide~~

Reported by B F Price M.D

Address Mt Carmel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Robert Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Philopolis</i>		County <i>Balto.</i>		MARYLAND	
Date of death	1903	Month <i>10</i>	Day <i>5</i>	Age <i>68</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Coloured</i>		Birth- place	<i>Ind</i>
Occupation	<i>Labourer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation	<i>Daughter</i>					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Endocarditis</i>	How long	<i>8 months</i>
Immediate	<i>Coma</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>William C. Ensor M.D.</i>
		Address	<i>Cockeyville - Ind.</i>
Accident or Suicide?			

Intermar. Steenson
Chapple Rev. 6.

M. C. Brooks

Name

is
Full

Charles Weller

CERTIFICATE OF DEATH

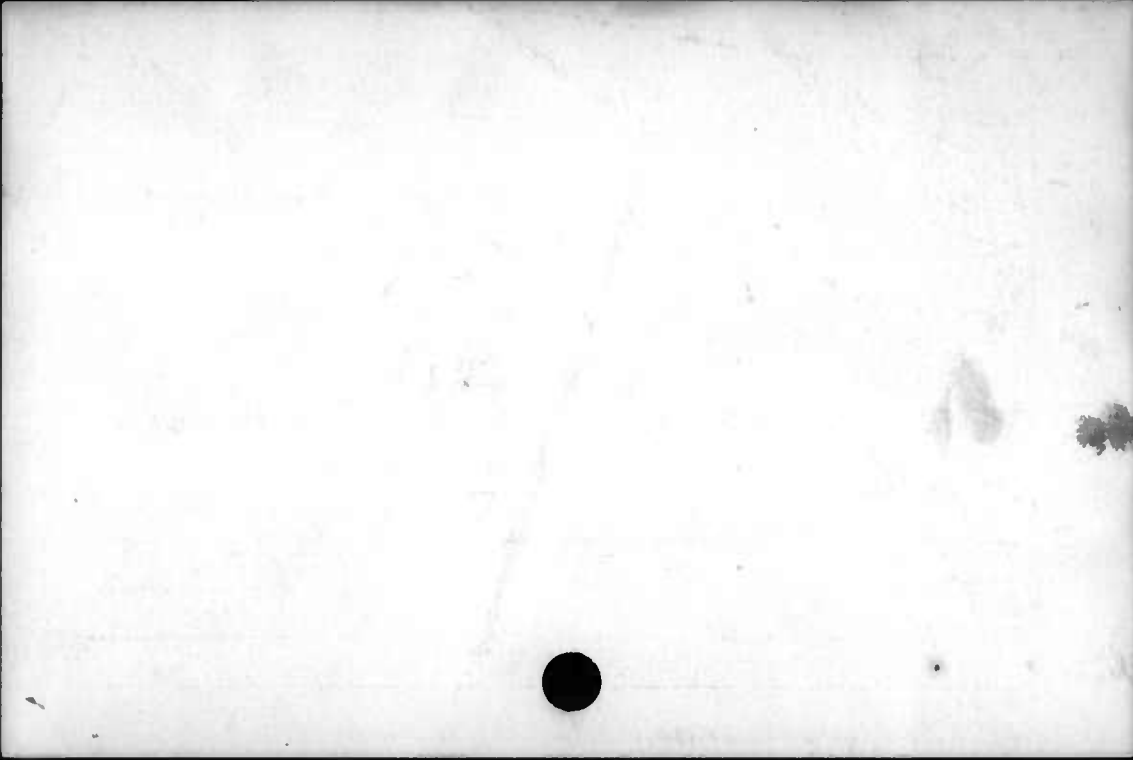
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westport		County Baltimore		MARYLAND	
Date of death 1903	Month 10	Day 14	Age 43	Years		Months	Days
Sex Male	Color or Race White		Birth- place Baltimore				
Married, Single or Widowed Single		Occupation Cooper					
Name of Wife or Husband							
Father's Name Louis Weller		160		Father's Birthplace Germany			
Mother's Maiden Name Martha Weller		160		Mother's Birthplace " "			
Name of person giving in formation Charles Nicholson				How related to deceased None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Knife wound.	How long	Immediate
Immediate	Blow in Throat	How long	" "
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician August W. Miller, coroner	
		Address Mt Winans Baltimore	
Accident or Suicide?		Md.	



Name
in
Full

John C. Wheeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Butter</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 1903	Month <i>10</i>	Day <i>10</i>	Age <i>47</i> Years	Months <i>1</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Philopolis Md.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>Ilda Bell Wheeler</i>					
Father's Name <i>Atimus Wheeler</i>			Father's Birthplace <i>Belfast P. Co. Md.</i>		
Mother's Maiden Name <i>Eliabeth Bond</i>			Mother's Birthplace <i>Western Run P. Co. Md.</i>		
Name of person giving information <i>Ilda B Wheeler</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>Two weeks</i>
Immediate <i>Angina Pectoris</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Orack M.D.</i>
	Addres <i>Butter Md.</i>
Accident or Suicide?	

Please fill out permit
for Robby Cemetery

Oct 12th

Oblige

W. C. Brooks

Name in Full

Certificate of Death

Joshua Winder

72

Town

County

Died at

Bong Green

Baltimore

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Oct. 12

Age

—

1

8

Md

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Joshua Winder

Mother's

Maiden Name

Sophia Taylor

Cause of

Primary

Pneumonia

How long sick

one week

Death

Immediate

Accident, ~~suicide~~, Homicide

Reported by

J. W. Green M.D.

Address

Bong Green Md-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Thomas E. Woodward				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Died at		Dickeyville	Balto				
		Date of death 190	3 Oct	Day	14	Age	43	Months	Days
		Sex	Male	Color or Race	White	Birth-place	Balto City		
		Married, Single or Widowed	Married	Occupation	Carpenter				
		Name of Wife or husband	Annie Woodward						
		Father's Name	James Woodward			Father's Birthplace	Balto City		
Mother's Maiden Name	Elizabeth High			Mother's Birthplace	" "				
Name of person giving information	Annie Woodward			How related to deceased	Wife				
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary	Valvular Heart Disease			How long	Several years		
		Immediate	Heart Failure			How long	Sick 5 days		
		Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Dr. George F. Eschault		
						Address	Dickeyville		
							Balto Co Md		
		Accident or Suicide?							



Name
in
Full

Christianna Yop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Delight</i>		Town <i>Delight</i>		County <i>Batter</i>		MARYLAND	
Date of death 1903		Month <i>Oct</i>		Day <i>15</i>		Age <i>62</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>			
Married, Single or Widowed <i>married</i>		Occupation <i>House wife</i>					
Name of Wife or Husband <i>Conrad Yop</i>							
Father's Name <i>Peter Wagoner</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Conrad Yop</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis + Organic Heart disease</i>		How long <i>4 or 5 years</i>	
Immediate <i>Exhaustion</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. H. Erb</i>	
		Address <i>Reisterstown</i>	
Accident or Suicide?			

